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Sonoma Medicine

Healthy Aging

INTERVIEW

SCMA President Patricia May, MD

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Volume 69, Number 3 Summer 2018

Sonoma Medicine

The magazine of the Sonoma County Medical Association

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- Forced hospitals to close and pushed health care providers into early retirement.
- Caused a "brain drain" of talented medical students and residents fleeing California for more ideal working conditions.

"I want to thank each of you for your support and dedication to CMA. We could not have dealt this bill such a resounding defeat without the united voices of our physician members. Together, we stand taller and stronger."

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Healthy Aging Is Attainable

Allan L. Bernstein, MD

Healthy aging starts young. It helps to have a support system to teach us good habits, but these can be learned at any point in one's lifetime. We observe successful aging in many people around us, and at the same time we can anticipate poor outcomes just from observing certain lifestyles. Sometimes things don't go well in spite of our best efforts. At that point, the medical system gets involved. How well we deal with these aspects of aging is discussed in various articles in this issue.

We are defined as the healers, but our attempts still fall short in many cases. We overprescribe medications. We fail to listen to the subtle clues provided by our patients or their families. We miss signs of depression. The diagnosis of "you're just getting old" is heard too often. Our new technologies and innovations in pharmacology have increased the quality of life as well as prolonging overall life expectancy. Major surgical procedures can now be accomplished endoscopically, drastically shortening hospital stays, with reduced risk of complications. But, are all those procedures really necessary?

Getting old is still a risky proposition. Eyesight is less accurate, bones are more fragile, and balance is less secure than it used to be. Stairs can be a problem. Short term memory is a little slower ("noun delay") while learning new tasks is just a bit more difficult. We're not as good at driving as we think we are, as the new dings on our cars can attest.

Dr. Bernstein is board certified in neurology and serves as chair of the Sonoma Medicine *Editorial Board.*

Multitasking should be left to the youngsters, and even they don't always do it well.

We have made significant changes in how we approach aging for ourselves and our patients. The role of nutrition is recognized as critical to good health. Even the fast food industry has acknowledged the need for reduced fats and increased access to vegetables. Exercise is considered an essential medicine across the entire age spectrum. Stress management and other behavioral therapies are now part of mainstream medicine. The use of all tobacco products has decreased significantly in the last 20 years. Obesity, one area that continues to increase in younger populations, has been decreasing in the elderly.

There are areas that remain difficult to manage. Social isolation and physical isolation are major contributors to declining health in an elderly population. A lack of access to reliable transportation further isolates many elderly individuals. Difficulty obtaining and preparing nutritious meals is still common in our communities. The resources are actually out there, with the local senior centers offering classes of all sorts, meals, and even a place to just sit around and talk to people. There is a Meals on Wheels service through the Council on Aging that could be contacted. There are home health services available. As physicians, we are often not aware of these resources, so we treat the immediate problem and fail to utilize other available services.

Pain in the elderly can be a significant issue. Sometimes the patients won't mention it, considering it a normal part of getting old. Others will complain about every ache and pain. Pain can cause depression, loss of sleep, a reluctance to take part in social activities, and an overall decrease in quality of life. It can add to memory problems, being a distraction to paying attention. Treating pain can be challenging. Our hospice colleagues do it very well. For the rest of us, the concern of balancing pain control versus the side effects of most pain medications leaves neither us nor our patients satisfied. While we would like to be able to use behavioral treatments only, sometimes they are not enough. The ideal pain-modifying treatment doesn't exist yet, but we need to keep looking.

Memory is the major concern in the senior community. The risk of significant memory loss approaches 50 percent in people over age 85. Most of that is Alzheimer's disease, but there are a number of potentially treatable or reversible causes of memory loss. Polypharmacy is a major risk, including OTC medications containing diphenhydramine (Benadryl). Sleep disorders are treatable, and that can often improve memory. Depression may mimic dementia and is also treatable. Low levels of vitamin B-12 can cause memory loss. Our diets all have adequate B-12 (except vegan diets), but we may have impaired absorption due to damage to the stomach lining from alcohol, or reduced acid in the stomach due to antacid medication, including OTC acid blocking medication. While there are no current treatments for Alzheimer's disease, current research in reducing amyloid or tau proteins in the brain are ongoing in our community. Low carbohydrate diets seem to improve memory for many people with early memory loss.

Aging is unavoidable. Healthy aging is attainable. Getting it right is the hard part. ◇

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Cardiology: Challenges in an Aging Population

Sanjay Dhar, MD

JOHN WAS IN MY CLINIC FOR A FOLLOW-UP. He had recently undergone a successful TAVR (transcatheter aortic valve replacement) for management of critical aortic stenosis. Prior to the procedure he had been admitted to several local hospitals due to recurrent worsening of chronic congestive heart failure. After several rounds of intense deliberations with him and his family members, he underwent appropriate diagnostic testing followed by a TAVR procedure. His post-operative course was complicated due to acute renal failure, an urgent need for pacemaker implantation, and transient worsening of his heart failure. Ultimately, he did well, was discharged home and continues to feel better every day since his discharge. This would have been considered as standard and expected medical care for someone with advanced cardiac disease, except that John is 96 years old!

This case represents a paradigm shift in the management of nonagenarians. We are now able to offer them services that were never possible or dreamt of before. This, however, comes at a cost to patients, their family members, and to the overall healthcare system, since diagnostic and therapeutic interventions may add to already existing comorbidities and occasionally lead to acute worsening of their underlying condition.

Dr. Dhar is chief of cardiology at Santa Rosa Memorial Hospital. He is board certified in cardiovascular disease and interventional cardiology. His practice is in Santa Rosa.

The population of the world is getting older. It is predicted that by 2035, nearly 25 percent will be 65 years or older and that a significant number will be in their 80s and 90s (Lakatta & Sollott, 2002). The burden on the practice of cardiology related to aging could manifest itself as an isolated pathologic event or as a combination of comorbidities (systolic dysfunction, diastolic dysfunction, electrical malfunction, changes in chamber structure, changes at the cellular level, increase in myocardial fibrosis, amyloid deposits, worsening valvular heart disease), all of which could contribute to an overall decline in cardiac function or add to complexities in medical management.

Preventative strategies such as dietary modification, weight loss, smoking cessation, and promotion of physical activities have led to a decline in the prevalence of cardiovascular disease. However, the increase in the number of elderly patients every day stresses all our advances in science and medicine and overwhelms the healthcare system. Although the economic pressure is to deliver advances in therapy in a cost-effective way, it is difficult to quantify economic benefit in a 90-year-old patient without questioning the judgement and ethics of submitting him/her to complex cardiovascular procedures that result in limited life extension or life improvement.

The structural changes in an aging cardiovascular system in concert with other comorbidities such as lifelong diabetes, hypertension, arthritis, GI and other systemic aliments, add to the disease burden. The current evolution of therapeutic strategies targets novel pathways leading to changes we hope would be beneficial, but these strategies may still not significantly impact the ultimate end result: death.

Hypertension

Loss of vascular compliance and altered renal and neurohumoral function often require the use of a combination of antihypertensive medications, which in turn have their own inherent side-effect profiles that are often magnified in the aging population.

Systolic hypertension can be accompanied by a decrease in diastolic pressure (wide pulse pressure) that can worsen

myocardial ischemia since most coronary perfusion occurs during diastole. A progressive concomitant decline in renal function can add to the therapeutic challenge. Although we recognize these challenges and employ various therapeutic medical regimens, the achievement of blood pressure targets remains difficult in the absence of new and effective medical therapy. Refractory hypertension management is being revisited with newer advances in catheter-based radiofrequency ablation or renal sympathetic denervation, both of which hold promise in treating the elderly patient who is often intolerant of multi-drug therapy.

Congestive Heart Failure (CHF)

Heart failure with preserved ejection fraction (HFpEF, and previously termed "diastolic heart failure"), which is a multiorgan systemic syndrome that involves multiple pathways affecting more than the cardiovascular system, seems to be increasingly recognized in the elderly population. Aging microvasculature changes, remodeling of the myocardium, and a change in extra cellular matrix and amyloid deposits result in heart failure even in the presence of normal systolic function. This condition, common in elderly women, has frustrated practitioners with the absence of good therapeutic strategies and few evidence-based interventions available to reverse the disease state. Although blood-pressure management and the use of diuretics seem to be the best therapeutic option, detection of "sub-phenotypes" within the heterogenous HFpEF group may highlight the potential for targeted therapy.

Heart Failure with Reduced Ejection (HFrEF)

More than 50 percent of patients with CHF have moderate to severe diastolic dysfunction. However, due to the establishment over the last two decades of large clinics focused on managing this chronic ailment, a significant improvement has been made in patient management. The improvement in understanding the pathophysiology behind the chronic disease state and economic pressure to reduce rehospitalization have helped to develop a cohort of preventative and therapeutic options. New heart failure medications such as Sacubitril/Valsartan and Ivabradine, in addition to cardiac resynchronization therapies, have dramatically helped patients with very low cardiac output. Heart transplantation in very old patients may not be a viable option due to the limited number or organs available, but several older patients are now able to lead near-normal lives with left ventricular assist device devices (LVAD). An LVAD is a complex intrathoracic electro-mechanical device that assists in the pumping function of the heart and complements medical therapy in the sickest patients.

CAD and Aging Patients

Impairment of coronary blood flow due to atherosclerosis is still the most common cause of cardiac disease in elderly patients. Treatment strategies have focused on management of acute coronary syndromes in a more timely fashion, resulting in reduced risk of sudden cardiac death. Current technologies have demonstrated substantial improvement in coronary intervention outcomes with the use of DES (Drug Eluting Stents) and micro-stents in smaller vessels.

Today less than 15 percent of coronary revascularizations are done surgically, with more than 85 percent done by percutaneous techniques. The progressive shift from coronary artery bypass graft surgery to percutaneous intervention, even in very complex patients, has resulted in earlier discharges from the hospital as well as reduced complication rates. Complex procedures can now be done with the use of temporary left ventricular support devices (Impella) and other forms of mechanical circulatory support including ECMO (Extra Corporeal Membrane Oxygenator) which previously would have required general anesthesia and the use of heart-lung machines.

Atrial Fibrillation (AF)

There has been an increase in the incidence of AF globally in part due to its higher prevalence in the aging population. The higher incidence of AF has been accompanied by an increase in the prevalence of strokes and heart failure in elderly patients. Although stroke prevention has been improved with the substitution of NOACs (Novel Oral Anti-Coagulants) for warfarin, we still lack long term safety data in these patients. Although we have not witnessed tremendous therapeutic success or discovered new antiarrhythmic medicines in the last 20 years, advances in electrophysiological procedures such as ablation have provided additional benefits in the elderly.

ICD (Implantable Cardiac Defibrillator)

The application of AI (Artificial Intelligence) software and rhythm management algorithms has become the industry standard in MRI compatible devices. In addition, an overall reduction in device sizes has facilitated their use in elderly patients, especially women or those with a slender build.

Valvular Heart Disease

Percutaneous aortic valve replacement (TAVR) procedures are now in "prime time." In the future, we expect similar percutaneous options for treating other valvular heart diseases (e.g. Mitra Clips and other mitral valve devices for treating severe mitral regurgitation). Additional predictable advances are likely to impact the management of many types of valvular heart disease, progressively reducing the need for very elderly patients to undergo open thoracotomy procedures requiring the use of heart-lung machines. In addition, with innovations in other specialties such as anesthesia, we will be able to provide better perioperative care in very elderly patients, resulting in reduced perioperative morbidity and mortality.

In conclusion, the aging cardiovascular system imposes several challenges to healthcare. The start of the 21st century has led to rapid strides in the development of new cardiovascular technology (TAVR, valve-in-valve surgery, leadless pacemakers, miniature device implants, portable monitors, Wi-Fi connected devices, AI, DES stents, ventricular support and assist devices) and other services improving the healthcare for our very old patients. The questions yet to be answered are, what risks and costs are we willing to accept to prolong an older life by a few years, and how much socio-economic burden will we allow on our already strained healthcare resources? If submitting a late 90-year-old for TAVR doesn't seem to be a major issue now, can offering these procedures to a 100-year-old be far behind? ◇

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Retaining and Attracting Health Care Professionals

WENDY YOUNG
EXECUTIVE DIRECTOR, SONOMA COUNTY MEDICAL ASSOCIATION

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SENIOR ASSOCIATE DEAN, TOURO UNIVERSITY

Legislative Issues Impacting the Field of Medicine

JANUS NORMAN
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Exercise Is Medicine

Todd Weitzenberg, MD, with *Sonoma Medicine* Staff

Dr. Todd Weitzenberg is on a mission to change people's perceptions on the aging process. "The best 'medicine' for aging is not medicine; it's exercise," he says. "Exercise will not reverse the aging process. But it will combat it and it will slow it down. We can't stop aging per se, but we can successfully engage in the anti-aging process," he recently told *Sonoma Medicine.*

"Exercise has benefits across the board as people age. It can reduce the incidence of falling, lower blood pressure, and decrease the likelihood of strokes, depression, and even dementia. Exercise also mitigates the effects of arthritis," he said.

And his message resonates with the baby boomer generation. "Baby boomers are the first generation ever in the United States to understand and embrace the value of exercise. And unlike their parents, boomers did not take up smoking in large numbers as their parents did. This group benefitted from the fact that the ill effects of smoking began to get wide notice in the 1960s, which is when they came of age," he noted.

After exercise, Dr. Weitzenberg says the second, and equal, priority should be diet. "Diet must be combined with exercise to be effective. When you put diet and exercise together, that's when the magic happens. As a team, they form the 'secret sauce' of a long, healthy, and satisfying life," he said.

Dr. Weitzenberg says that excuse-making is the enemy of healthy living. "It's so easy for us to say we don't have time to exercise. That work takes priority over everything. Or, if we are retired, that we are too busy, or too tired, or suffer from arthritis or other maladies."

Dr. Weitzenberg is board certified in both physical medicine & rehabilitation, and in sports medicine. He practices in Santa Rosa.

The objective should be to re-prioritize our lives. "Exercise and diet need to come first, and not last. We have to change our perceptions so that exercise and diet becomes 'number one,' and everything else follows from that. You will actually have more time and more energy, not less, to do all the things in your life well when you change your priorities. You will feel better, you will sleep better, and your stress levels will fall." He points his patients to a website, exerciseismedicine.org, for tips and guidance.

Elderly patients will often quit exercising altogether when they can no longer participate in their favorite pastime. That is a mistake Dr. Weitzenberg works to overcome. "They key is to be willing to adapt to your changing situation. If you used to play tennis and now it's too taxing — don't quit. Take up pickleball instead. It has a smaller court than tennis, and imposes far less wear-and-tear on the body. If you were a runner, take up bicycling or a stationary bike as a substitute. If you lifted weights, switch to yoga. Don't quit. Adapt," he emphasized.

Preventing falls is a big priority as we age. They are the leading cause of death, injury, and hospital admissions among the elderly. To combat falling Dr. Weitzenberg highlights Pilates, tai chi, yoga, and similar activities to increase balance and flexibility. These pursuits will have the additional benefit of reducing the effects of osteoporosis. No matter the type of exercise, Dr. Weitzenberg tells his patients to set aside 45 to 60 minutes a day, five days a week, to maintain good health.

Because of the baby boomers, America's age distribution has now inverted from prior generations. For the first time in history, the largest percentage of our citizens are now over 65. For that reason Dr. Weitzenberg would like to see exercise become a greater part of medical curricula, and see more providers ask about their patients' exercise regimens. "When I see an older patient who is on medication for depression, I will often ask, 'wouldn't it be great if there were a way you could get off all these pills?' They always say yes. And then we establish a program for them," he said.

As concrete evidence supporting his philosophy, Dr. Weitzenberg recalls a patient whose health was in jeopardy. She was in her early 60s, overweight, and eventually suffered a cardiac arrest. "She saw 'the light' we always hear about when people are on the verge of death," Dr. Weitzenberg told *Sonoma Medicine.* "At that moment, lying in the hospital, she made a vow: 'If I am lucky enough to live through this, I will completely change my life and habits.'"

And she did. Under Dr. Weitzenberg's guidance, the patient began a program combining aquatic therapy and a healthy diet with portion control. "The end result was that this patient lost 90 pounds. She brought her diabetes down to a manageable level. And she completely went off her blood-pressure medicine," Dr. Weitzenberg relates. On a subsequent visit to the doctor's office, her appearance had so changed that the doctor didn't recognize her.

"That patient is a 'poster child' for the power and efficacy of a strong diet and exercise program," he said. "The key is to view the twins of diet and exercise as a permanent lifestyle change, and not a fad or a temporary 'fix.' When you drop your old habits, and build your day around exercise, the results can be profoundly powerful." ◇

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Establishing an Adequate Healthcare System for an Aging Population

Anastasia J. Coutinho, MD, MHS

Our country is aging. Each day, 10,000 citizens turn 65 years old.[1] By 2030, the last of the baby boomers will reach the age of 65, at which time the U.S. population above this age will exceed 70 million individuals — approximately twice that in 2000.[2] This generation of older adults will be the most diverse the nation has ever seen, with higher education, increased longevity, more widely dispersed families, and more racial and ethnic diversity. How do we plan on taking care of this population?

There are numerous reports of physician shortages, especially in primary care, due to the combination of an aging population requiring increased physician visits, increased rates of physician retirements from the aging population, and the cumulation of population growth. Estimates range, but are anticipated to be in the neighborhood of 50,000 primary care physicians with a need for an additional 45,000 medical and surgical specialists, of which geriatricians are direly included.[3] Given reports of newer physicians working fewer hours with a smaller scope of practice, the future physician workforce may effectively be significantly lower than even predictions suggest.

Dr. Coutinho is on a long vacation after recently graduating from the Santa Rosa Family Medicine Residency.

California itself in 2016 was ranked the eighth state in the number of physicians aged 60 or older, accounting for 33 percent of the total California physician workforce.[4] In the same year, California ranked as the thirty-third state for the total number of residents and fellows in primary care programs, with 9.5 trainees per 100,000 individuals.[4] This is minimal growth since 2006. Is California training an adequate number of physicians to replace those aging and retiring?

Additionally, these physicians are not evenly distributed, nationally or locally. Only 34 percent of Californian physicians are practicing primary care, with only 16 of California's 58 counties having the goal number of primary care physicians for their population.[4] Comparatively, California has a higher-than-recommended number of specialists for a given population. The Health Resources and Services Administration (HRSA) predicts that by 2025, the state will need at least 1,500 more primary care providers.[5] And this number doesn't account for either the geographic maldistribution of physicians or for the increased demand for services by elderly patients.

Beyond the physician shortage, the challenges are many. Aging is associated with an increased number of healthcare visits. Of those 65 years and older, 39 percent have between four and nine medical visits per year, and 23 percent have 10 or more visits.[6] This is more than double the usage of those under 65. Additionally, the elderly account for a disproportionate share of hospitalizations, procedures, and high-intensity services. For example, over half of intensive care unit (ICU) days are paid for by Medicare.[7] As the portion of this population continues to grow in size over the coming decades, available primary care visits and hospital rooms will need to grow commensurately.

Once these patients are accessing care, the question of increased complexity of care arises. Almost all Medicare spending is related to chronic conditions, and older adults have a larger total number of chronic conditions per individual than younger patients.[2] Additionally, older adults are more likely to have acute incidences that prolong into chronic needs, such as falls, malnutrition, or mental health conditions. Geriatric populations also need more help with activities of daily living (ADLs), such as bathing and dressing, which increases dependency on others for medical and personal care, contributing to the overall

effect of an aging population on the larger community. Physicians can no longer treat a discrete disease in silo from the context of the individual.

Finally, a prominent disincentive for geriatric care is the substantial financial disadvantage. Elderly patients require time-intensive care — more than the given 15-minute primary care encounter — and are disproportionately on Medicare or Medicare/Medicaid, which reimburse physicians at 80 percent of the rate of commercial insurances. A large and growing number of physicians have capped or stopped seeing Medicare patients due to economic unsustainability. The failure of Medicare to acknowledge the value of the non-procedural services provided (and needed) disservices both providers and their patients.[2]

Because of poor reimbursement, physicians who complete additional fellowships in geriatrics are actually getting paid lower salaries than they would be prior to such additional training.[8] In following, the fellowships fail to create a financial revenue to support themselves; they are the only cost-negative fellowships in existence, providing significant disadvantages to sponsoring organizations to fund these training positions. Geriatrics fellowship spots are often left empty, thus promoting a dearth of these specialists.

Given these challenges — the low number of physicians (especially geriatricians), the increased number of needed visits, the increased complexity of patients, and the disincentives of geriatric reimbursement — a number of opportunities arise. First, quality training of primary care physicians to geriatric competence is crucial. Family physicians, primary care internists, and midlevel providers must define the knowledge and skills they need to acquire in order to cope with ongoing demographic changes.

Additionally important is the need for effective coordination of specialists with these up-trained primary care physicians, rather than providing care in siloed organ-based systems that may require renegotiation by primary care in line with goals of care and quality of life.

Finally, the needs of an aging population offer the ability to restructure our fragmented healthcare system. Examples of restructuring may include targeted community approaches, such as using community health workers for medical education or home support; providing care in locations alternative to clinics; or creating high utilizer programs that target individuals with repeated hospital admissions or multiple comorbidities.

The burden of care for our aging population will disproportionately affect primary care physicians through a growing demand for medical services and a growing need for health professionals to offset retirements. However, we must work together as a medical community to alter the mechanisms in which healthcare is delivered. I, for one, look forward to seeing what Sonoma County can do. ◇

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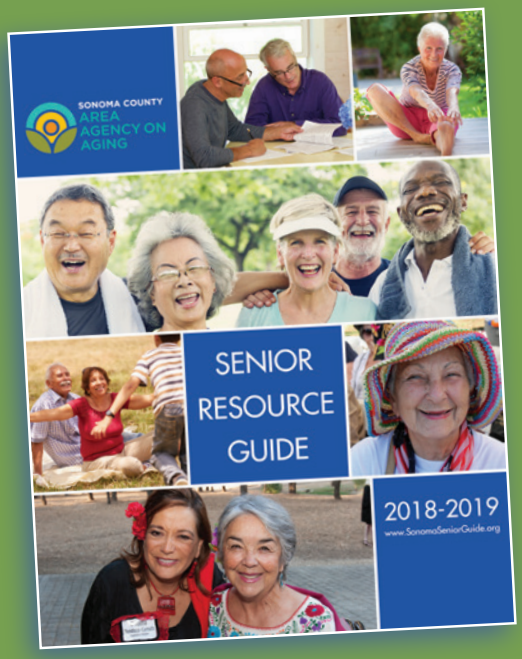

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References

1. Passel J.S., Cohn D., "U.S. population projections: 2005–2050." Washington (DC): Pew Research Center; 2008 Feb 11. Available at: http://www.pewhispanic.org/files/reports/85.pdf. Accessed 20 May 2018.
2. Institute of Medicine (US) Committee on the Future Health Care Workforce for Older Americans. "Retooling for an Aging America: Building the Health Care Workforce." 2008. Washington (DC): National Academies Press.
3. Petterson S.M., Liaw W.R., Phillips R.L., et al., "Projecting US Primary Care Physician Workforce Needs: 2010-2025." *Ann Fam Med.* 2012;10:503-509.
4. Association of American Medical Colleges. "2017 AAMC State Physician Workforce Data Report." 2017. Washington (D.C.): Association of American Medical Colleges.
5. U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Workforce National Center for Health Workforce Analysis. "State-level projections of supply and demand for primary care practitioners: 2013-2025." 2016. Washington (D.C.): U.S. Department of Health and Human Services.
6. Centers for Disease Control and Prevention (CDC). "Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2012."
7. Pronovost, P.J., "Physician staffing patterns and clinical outcomes in critically ill patients: a systematic review." *JAMA.* 2002;288:2151–162.
8. Cantor, M.D., "We Need More Geriatricians, Not More Primary Care Physicians." *NEJM: Catalyst.* 28 Jun 2017. Accessed at: https://catalyst.nejm.org/need-more-geriatricians-primary-care/.

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Dealing with Dementia

Wynnelena C. Canio, MD, with *Sonoma Medicine* Staff

Dementia has always been with us. "Many years ago we called it 'senility,'" Dr. Wynnelena Canio tells *Sonoma Medicine*. "But that was when the average U.S. life expectancy was just 70 years. Now it is nearing 80, and as life expectancy has increased, so too have the symptoms of dementia become more noticeable and widespread. Fifty percent of our population at age 85 shows symptoms of some form of dementia," she says.

The first clarification Dr. Canio addresses is that "dementia and Alzheimer's disease are not the same thing. Alzheimer's is the most common cause of dementia, but there is also vascular dementia, mixed dementia, Lewy body disease, Parkinson's disease, frontotemporal dementia, alcohol-induced dementia, and several others." As a side note, Dr. Canio adds that, "while the term 'dementia' is still widely used, its negative connotation prompted the medical community in 2013 to change the nomenclature to 'major neurocognitive disorder.'" Since that change is not widely known to the general public, the physician will still often employ the term dementia.

To forestall the effects of dementia, the first and most important step is aerobic exercise. "Contrary to popular belief, crossword puzzles won't do the trick," she says. "The key is to increase blood flow to the brain. And that means aerobic exercise. Vascular health is critical to brain health." She cites a Harvard study, since replicated several times, demonstrating that keeping the working heart rate elevated translates directly to delaying the onset of Alzheimer's disease.

If dementia is suspected, seek care from an appropriate medical provider as soon as possible. Dr. Canio says the first key for friends and family members is awareness. "Look for changes in the use of language, for mistaken judgement, and for impaired reasoning skills. And impaired memory is not always a sign of dementia, so both the patient and the patient's family need to be aware of that," she says.

Education is essential for both the patient and family members or caregivers. "Know the warning signs of dementia. There are caregiver training classes. There is a wealth of resources available that will show friends and family methods for coping. The Alzheimer's Association has instructional videos on its website. It's important to change your expectations of the patient to be more in line with his or her current reality. When it comes to Alzheimer's, always remember that there is no cure, so the person cannot help his or her behavior."

"People also need to be aware that there is a difference between delirium and dementia. Dementia develops slowly over time. Delirium is acute confusion and comes on abruptly, with symptoms that can fluctuate during the day. While the two conditions can be related, it is important to be a proactive health advocate for your loved one and make sure your physician receives the information to distinguish between the two. Delirium is caused by a medical condition that is treatable," she says.

There are several medical and psychiatric conditions that mimic symptoms of dementia. "Make sure your physician is ruling out other possible conditions, such as thyroid disorder, B12 deficiency, electrolyte imbalance, etc. Check blood and urine tests, as they can reveal if there are other factors at play. These conditions can also make the symptoms of dementia appear worse. Often, caregivers and patients' physicians tell me that their loved ones' dementia progressed overnight, which should prompt a workup for possible delirium superimposed on dementia," Dr. Canio advises.

She counsels to be aware of more than just the medical treatment a loved one is receiving. "Focus on the psychosocial needs of your family member. Effective communication makes a big difference in their well-being. Always use age-appropriate language as mental age decreases — but don't 'talk down' to your loved one. Despite their impairment, they still have emotions. Always use a soft, calming voice," she says.

For younger people who want to forestall dementia symptoms later, beyond aerobic exercise, Dr. Canio says to look closely at the contents of your medicine cabinet. "Get rid of anything with Benadryl (diphenhydramine). That means Tylenol PM, Nyquil — anything like that. Diphenhydramine and first-generation antihistamines can increase the risk of developing Alzheimer's by up to 50 percent."

Dr. Canio's interest in the field arises from her upbringing. She was raised in the East Bay by her grandparents, and from childhood developed a strong association with older adults. In high school and in college she volunteered in nursing homes. Later she began an outreach program in San Francisco, providing health screening to seniors in underserved communities and guiding them through a medical system that can be complicated and bewildering.

It thus came naturally to her to be the primary caregiver to her grandparents when they reached the end of their lives. Unlike the majority of elderly patients who are terminal, Dr. Canio's grandmother preferred to stay in the hospital rather than at home in her final days. Being surrounded by doctors, nurses, and medical equipment around the clock made her feel safe. Toward the end she told Dr. Canio something that remains with her today. It is a sentiment the physician passes along to all who have a friend or family member battling any form of dementia.

"As long as you are here with me, and I know who you are, life is worth living." ◇

Dr. Canio is board certified in geriatric medicine, internal medicine, and psychiatry. She has a practice in Santa Rosa.

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Polypharmacy: Too Much of a Good Thing

Misty Zelk, MD

There is a growing conversation about polypharmacy and deprescribing in medicine today. Normally, I am not a fan of buzzwords, but the health implications of this topic are worth discussing. Patients are living longer, the number of medications available grows daily, and there is a risk/benefits ratio to be considered every time we prescribe. It is hard to find an agreed-upon definition for the term polypharmacy. Certainly a patient can be on multiple medications to their benefit. So how do you decide when it is detrimental?

Geriatric patients are not just simply "old" adults. There are physiological changes associated with aging that have an impact on medications, their effectiveness, and their potential side effects. As we age, there is normal wear and tear on our organ systems. According to the Merck Manual, hepatic clearance can decrease as much as 30 to 40 percent. Some degree of impairment of renal filtration appears in the majority of our older patients. Drugs being prescribed are going to be cleared from the body via the liver or kidneys, and thus drug levels are affected as a result. Then consider the prevalence of heart conditions such as congestive heart failure that impact cardiac output. Peripheral vascular disease impedes the delivery of blood flow. Perfusion of vital organs (or the lack thereof) multiplies the effects of decreased clearance. Human beings are a marvelous intertwining of organ systems, and they do not act in isolation.

Dr. Zelk is board certified in internal medicine and pediatrics. She practices in Sebastopol.

Another consideration is that our criteria for prescribing medications may change over time as new advancements are made in the field. One example would be the 2014 ACC/AHA updated guidelines on the treatment of blood cholesterol to reduce ASCVD risk. An entire generation of older patients was placed on statins under the guidelines of the Adult Treatment Panel over a decade prior. With the new guidelines came the challenge to evaluate each patient anew to see if continuation of therapy was indicated. To me, it also served as a reminder that I had been trained to start chronic management medications, but not necessarily to question or stop them as my patients aged.

Finding efficient guidelines for how to discontinue medications is far more difficult than finding the reasons to start them. The process reminds me of Ron Popeil and the infomercials of the latter 20th century. "Just set it, and forget it!" is too easy a trap to fall into when bombarded with refill requests. There are published guidelines like the BEERS criteria (created in 1991 by Mark Beers, MD) and STOPP/START (Screening Tool of Older People's Prescriptions and Screening Tool to Alert to Right Treatment). I found an ally and source of education at the American Association of Hospice and Palliative Medicine (AAHPM) General Assembly. Their speakers were addressing admissions to hospice and deprescribing, but the application of their pearls of wisdom made sense for many of my patient population who were not hospice candidates. Two websites, Deprescribing.org and MedStopper.com, were highlighted. Both are the work of our Canadian peers and present evidence-based deprescribing guidelines and algorithms. At Deprescribing.org there is also patient information and videos to help educate patients and their families. The website continues to be a work in progress with new guidelines published periodically. Currently, Deprescribing.org has five classes of medications: PPIs, Antihyperglycemics, Antipsychotics, Benzodiazepine Receptor Agonists, and Cholinesterase Inhibitors.

As for Medstopper.com, it is an interactive site where you can enter your patient's medications along with the condition being treated, and it will list them in harm ranking. There is the option to include frailty, which will

change the rankings. Finally, the website gives information on how to successfully taper patients off of medications that should be discontinued. Both are tools to assist you in making decisions. In the end, the information is the same whether you choose to read the criteria or access the websites. It is a matter of personal preference and work style.

As medical providers, we should develop our own personal approaches to deprescribing. If it is not part of our routine office visit, it will not happen. Start by having a goal to reassess all medications taken on a yearly basis per patient. For me, that starts at the new-patient visit where each medication is discussed. Does the patient know why they are taking it? How long have they been on it? Does it work? What side effects are they experiencing? Don't let the critical thinking stop there. The ideal time to revisit is the annual physical. Sometimes our patients with chronic illnesses will come in routinely for monitoring of said illness (i.e., diabetes) and feel that a physical is not necessary. "I'm in the doctor's office enough as it is," is a common refrain. Make it a point to dedicate one visit per year to prevention, and think about the whole person, not just their disease.

If you find the opportunity to deprescribe, change one medication at a time. There are enough variables as it is in the practice of medicine. With your patient, identify and make a list of medications that could potentially be discontinued. Typically, target the medication that is most bothersome to the patient, either due to cost or side effect. Following scientific method, reassess the patient for improvement or worsening after a period of time. Once the medication is discontinued, or the dose has been lowered as much as possible, move on to the next medication. Don't forget about supplements and over-the-counter medications, as well.

On a regular basis, a patient will present to clinic reporting that they lost, got tired of, or forgot a medication for a period of time. They are only human after all, and the majority of the time there is something about the medication that is affecting their quality of life. If it is not an immediate threat to health, take the opportunity to question the need for the medication. I call this "making lemonade out of lemons." It is an opportunity to see what effect the medication was having by checking vital signs, lab results, etc., while the drug is out of their system. There have certainly been occasions where I have recommended a patient stay off of a medication permanently. Conversely, there have plenty of times when a medication was restarted, and I was able to improve compliance by demonstrating its positive effects.

Deprescribing can be a rewarding aspect of practice. Patients are appreciative because it improves quality of life and lowers costs. Their compliance with remaining medications also improves. When it comes to prescribing, it is our job to *not* just set it and forget it.

"It is an art of no little importance to administer medicines properly; but it is an art of much greater and more difficult acquisition to know when to suspend or altogether omit them."

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Hospice and Palliative Care: Progress and Challenges

Gary Johanson, MD, with *Sonoma Medicine* Staff

When Dr. Gary Johanson recently sat down with the staff of *Sonoma Medicine,* he was reflecting upon the enormous progress made in hospice and palliative care in the last four decades, and yet realistic about the challenges that lie ahead.

Before the Hospice Medicare Benefit 35 years ago, hospice and palliative medicine was somewhat haphazard and piecemeal, and entirely "grass roots" in nature. Dr. Johanson characterized the field as a group of outlier nurses, doctors, and other professionals of a similar mindset, sharing information and philosophies at local and regional or national meetings and sharing journal articles and medical information on a disparate, as-available basis via the technology available at the time: copiers and fax machines. There was little organization, structure, or evidence-based medical information in this area, which at that time was funded and staffed almost entirely through philanthropy and volunteerism — which even today remain strong components of this field.

The changing perception of hospice from a taboo subject to an integral aspect of mainstream medicine got its start in the 1970s, with England and Canada leading the way. The United States began to catch up with these countries in the 1980s, and now a majority of hospitals in the U.S. have palliative care programs and outpatient clinics. In the current era, there are widespread international efforts to provide palliative care, though access remains terribly disparate region to region and even within the United States itself. And, where in the past hospice was funded primarily through philanthropy, now Medicare, Medi-Cal, and third-party payers in general play a key and integral funding role. "There is in fact a growing body of evidence," remarked Dr. Johanson, "that palliative care not only fulfills one of the most unifying goals of medical care — that of compassionate, humanistic care for those with life-threatening illness and for those who are dying — but also does so by satisfying the 'quadruple aim' of healthcare delivery: (a) better outcomes, (b) better patient satisfaction, (c) better provider satisfaction, and (d) lower cost."

A Santa Rosa physician, Dr. Johanson is board certified in hospice and palliative medicine, and is a fellow in the American Academy of Hospice and Palliative Medicine.

With an eye toward the future, Dr. Johanson foresees a network of "navigators" to guide patients through the palliative pathways, from identification of those patients who would benefit early on, all the way through their illness trajectory, to ultimately, hospice care. "These navigators will be trained professionals who will relieve patients from the burden of having to create their own course of care during this critical period. Implementing global care-payment systems will also greatly assist here," he said.

He also cites the growing awareness of the importance of advance care planning for patients at all points in their lives. This includes the use of advance directives to record the conclusions of an advance care planning process, periodic updates of those documents, and ultimately the use of POLST order forms and the role they play in those with more advanced age and illness.

According to the organization (http://polst.org/), POLST "is a voluntary approach to end-of-life planning that emphasizes eliciting, documenting and honoring the treatment preferences of seriously ill or frail individuals using a portable medical order called a POLST form. If a seriously ill or frail patient wants to use a POLST form, his/her healthcare professional will complete it after talking with the patient about his/her diagnosis, prognosis, treatment options, and goals of care. In the event of a medical emergency, when time is of the essence for medical decision-making, the POLST form serves as an immediately available and recognizable order set in a standardized format. Emergency personnel follow the POLST form medical orders to provide treatments the patient wanted during an emergency, potentially avoiding unwanted hospitalizations and emergency department visits." Dr. Johanson says that, ideally, POLST forms for the entire population will eventually need to be stored in a centralized database, so that any physician in any location can download a patient's form on an as-needed basis.

Dr. Johanson cites Providence St. Joseph Health's Institute for Human Caring (https://www.providence.org/institute-for-human-caring/for-professional-caregivers) as a model of care that embraces principles of hospice and palliative care and takes that a step further to shift how we care for patients throughout all of healthcare delivery. According to the

Institute, this initiative offers "physicians, nurses, social workers, chaplains, case managers and other continuing education and advanced training to support whole person care. The Institute's provider education portfolio emphasizes ongoing communication, goals-of-care clarification, and shared decision-making, as well as pain and symptom management — including the safe use of opioids."

While a transformation is under way, Dr. Johanson emphasizes that challenges for hospice and palliative care remain daunting. "Care is still somewhat 'siloed,' and there is a great need for sharing information and resources and for the development of seamless transitions across the care continuum. And we also are facing a crisis in staffing and in training of palliative practitioners in the face of exploding demand. We need more training programs. We need more qualified people to join our ranks. Last year there were nine available slots for each new fellowship graduate nationwide. We are looking at internal training programs to vastly expand the number of mid-level providers," he remarked.

"We have seen amazing progress in this field since I started practicing in 1979. We are seeing efforts to migrate from a care model of treating just the disease, to instead treating the whole person, with or without illness. We now understand that just 'doing things' should not be the top priority. Rather, it is about doing the right thing at the right time and in the right place: treating the whole patient, and not just a specific medical condition. This can best be accomplished in an environment wherein careful consideration of a patient's goals and preferences are coupled with realistic prognostication and then a careful blend of this information into joint-decision making by the patient/family and their healthcare team."

"There is much more work to be done, and our ranks must undergo enormous growth. But I am optimistic for the future of palliative medicine and the growing role it is playing in the provision of high quality healthcare as we grapple with affordability and access," Dr. Johanson said in closing. ◇

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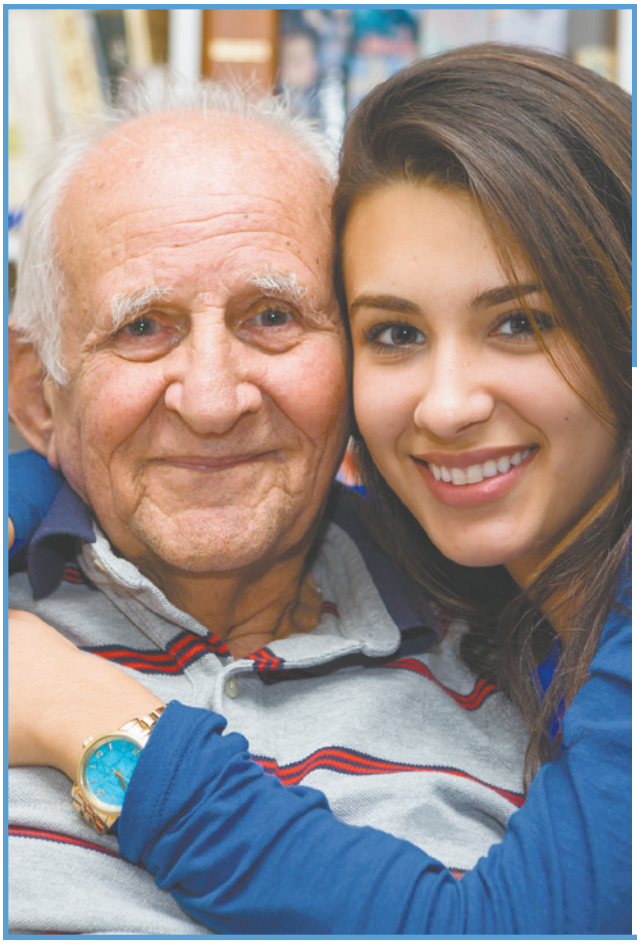

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A New National Model of Care for Advanced Illness — with Sonoma County Roots

Brad Stuart, MD

One-fifth of all Medicare dollars are spent on hospital treatment in the last year of life — much of it unwanted by the patients who are forced to undergo it. Unfortunately, they have few other options. Aging patients with serious illness wait for clinical downturns and our health system responds with emergency measures. But changes in care delivery are on the horizon, and Sonoma County is leading the way.

With little fanfare, for the last half century Sonoma County has helped lead the nation with innovations in end-of-life care. When Home Hospice of Sonoma County opened its doors in 1977, it was one of the first hospice programs in the United States. Like other pioneer hospices, it was all-volunteer until Congress passed the Medicare Hospice Benefit in 1982. After that, hospice care, delivered primarily at home by an interdisciplinary team of nurses, social workers, and others, was finally reimbursed. By 2016, nearly half of all Medicare decedents would die under hospice care.

That may sound like an unqualified success, but it's not the whole story. Yes, more seniors are receiving hospice, but not soon enough. Many are enrolled very close to death. The Medicare Payment Advisory Commission (MedPAC) reports that half of all hospice enrollees die within 17 days of admission, a figure that remained unchanged from 2000 through 2014. A 2013 study showed that despite recent growth in home hospice and hospital-based palliative care, almost one-quarter of all U.S. hospice patients were enrolled less than three days before they died, and nearly a third of these short hospice stays were immediately preceded by an ICU admission. For many patients, hospice care amounts to a brief period of relief tacked onto the end of a long siege of aggressive inpatient treatment.

Dr. Stuart, a 50-year Sonoma County resident and primary care internist, was architect of the AIM Program and is currently a member of the MyCare, MyPlan Provider Ambassador Workgroup.

In 1997, Home Hospice of Sonoma County became part of Visiting Nurse Associates and Hospice of Northern California (VNAHNC), and the next year won a $450,000 grant from The Robert Wood Johnson Foundation to fund a new program called Advanced Illness Management (AIM). AIM was designed to overcome the two main barriers to hospice enrollment: the "six-month rule" (requiring hospice enrollees to have a life expectancy of six months or less); and the "terrible choice" (enrollees must forego all Medicare-covered services intended to prolong life).

AIM, using interdisciplinary teams similar to the ones that help hospice care for patients at home, appealed to patients, families, and physicians, because it provided needed support where people lived, helping them to anticipate and prevent crises without having to deal with the stigma of "dying." The program struggled to survive, however, because it cost money to operate but didn't generate revenue. AIM did produce savings by avoiding costly hospitalizations, but those savings went to payers, not providers — a problem that would only be solved years later, as providers began to assume financial risk.

When Sutter Health took over VNAHNC in 2000, system executives realized they might have a winner in the AIM program, which by that time had grown from a simple home-based palliative care program to full-fledged care coordination for seriously ill patients among system hospitals, medical offices, and clinics (both Sutter-affiliated and independent physicians), and patients' homes. Utilizing both face-to-face and virtual visits, AIM became a "system integrator" for Sutter's sickest and most vulnerable patients, serving as a model for other parts of the system.

The Affordable Care Act of 2010, best known for creating "Obamacare," also initiated the Center for Medicare and Medicaid Innovation (CMMI), for which Congress appropriated $1 billion to fund its first round of Health Care Innovation Awards (HCIAs). Sutter was awarded a grant of $13 million (to which the system added $23 million from its own budget) to pay for AIM's three-year rollout across Sutter Health's 20-county, 24-hospital footprint. Independent analysis showed that compared to standard care, AIM significantly reduced hospitalizations, ICU days, and total cost of care — and increased hospice utilization, including length of stay. As a bonus, 75 percent of referring physicians surveyed stated that "AIM reduced my practice workload" by helping with advance care planning and shared decision making. Inspired by those outcomes, other AIM programs, as well as home-based palliative care, have spread across the country.

This success has led the Centers for Medicare and Medicaid Services (CMS) to develop a national Medicare demonstration of the Advanced Care Transfor-

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mation (ACT) model, based on the AIM intervention. The ACT demonstration, slated to begin in a year or two, will include a new payment model to incentivize participating providers to build their own care management infrastructure, integrating healthcare operations across inpatient, post-acute, ambulatory, and home/community settings. Payments will include a per-member-per-month care management fee plus bonuses based on a set of defined performance metrics that assure high-quality care.

Over the last 50 years, Sonoma County physicians have weathered profound changes in care delivery and reimbursement — from small practices, to larger groups, to integrated systems; from fee-for-service, to managed care, to payment for value; and from single face-to-face encounters, to team-based care, to virtual visits. But we have not been content to simply sit back and adapt — we have become a laboratory and a leader in the transformation of American healthcare. ◇

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SCMA President Patricia May, MD, FACS

Interviewed by *Sonoma Medicine* Staff

Incoming SCMA President ***Patricia Eubanks May, MD, FACS****, was born and raised in Escondido, Calif., 30 miles northeast of San Diego. She graduated with a BS in Biology from UC Irvine, before moving on to the Chicago Medical School. She completed her residency and fellowship in general surgery at Harbor-UCLA Medical Center and spent the next 15 years in Reno, Nev., overseeing the surgical residency program at the Veterans Administration Hospital. She later relocated to Santa Rosa and is a full-time general surgeon and assistant chief of surgery at Kaiser Permanente, where she specializes in general surgery, laparoscopy, and surgical oncology. Dr. May is board certified in both surgery and in hospice and palliative medicine. She, her husband, Jeff May, and their three children reside in Santa Rosa. Dr. May recently sat down with* Sonoma Medicine *staff to discuss her plans as president.*

What are you looking forward to in your new role as president of SCMA?

I am excited about SCMA's development under Executive Director Wendy Young. SCMA is on strong financial footing and aligned to focus on what's important: supporting our doctors. In the wake of the firestorm last October, Wendy and SCMA stepped up to extend practical help to our physicians and to our community with resource-sharing programs to help those impacted find housing and other support services. During and after the fires, physicians from all types of practices and hospitals in Sonoma County were collaboratively serving in shelters to provide medical services to our community. Our physicians are vital to the health of this community, and I view my position with SCMA as serving those who serve: our doctors.

What specific goals do you have for the future of SCMA?

Physicians in this ever-changing healthcare environment face many challenges, and we want our physicians to know that they have a voice. For example, any of our members can author legislation to be submitted by SCMA to the California Medical Association House of Delegates in a year-round resolution process. I want us to bring more of our doctors' healthcare policy concerns to Sacramento, and provide a better conduit for our local docs to hear what's happening in Sacramento.

I want to increase our presence and visibility in the community so we are known as a true service organization. We have all come through so many challenges this last year, and I hope we can continue to serve our community to make a full recovery from the fires. We can roll up our sleeves and serve at the food bank, help the homeless, and provide in any practical way needed to get our community back on track. Physicians answered the call to become doctors to help others, and we gain true satisfaction in helping those in need. When we join together, we can make a difference and also improve our sense of well-being.

I also want SCMA to explore ways to collaborate with our local schools and colleges to engage and inspire our youth to consider a career in medicine. Mentorship will help to ensure a steady stream of new providers for the future. All such efforts need to be interactive and deliberate. For young people who don't know where or how to start — we need to show them the path so they can fulfill their dreams. I did

Dr. May shares ideas with Drs. Stephanie Barlin and Courtney Clamp at the May 24 Physician Appreciation Mixer. Photos by Loren Hansen.

not come from a family of doctors, so I know how hard it is to figure out how to become one.

We can also improve mentorship and connections within SCMA, such as focus groups of women physicians, young physicians, or activity-based mentorship programs (I know many of my colleagues love golf and cycling!). We want to hear from our physicians so that all feel that they are being properly served and represented. By providing value to area physicians, we will also reap the side benefits of growing our SCMA membership and of increasing our visibility in the community. We'll be able to do more with more of us involved.

What challenges to healthcare do you see in Sonoma County?

We need to recognize that our physicians still face great personal challenges in the wake of the fires. We have to ensure the wellness of our doctors. Many of them are overworked and at risk for burnout. Many lost their homes. For those who are hurting, we need to find ways to help them regain their joy in the practice of medicine. We need to equip our medical community to provide the best possible care for our population. I and all of the SCMA staff want to do everything we can to make sure Sonoma County retains all of our doctors, so that we can continue to provide robust and state-of-the-art medical services for our community.

Additionally, access to healthcare for all remains a challenge. Greater dialogue is needed. It's our job to step up and figure out our part in fixing healthcare gaps. By working together, we can ensure better access for everyone.

Why is SCMA important to you?

Even though The Permanente Medical Group generously underwrites SCMA memberships for its physicians, I would be a member regardless. SCMA is an extremely valuable information-sharing resource for its members. It is a network that enables its members to get outside of their individual "silos" to communicate with one another, and to speak with one voice to the CMA to effect change in California healthcare. If you look at the post-fire services provided by SCMA, physician housing and re-build resources for example, that assistance and information alone are reasons to become a member.

This issue of *Sonoma Medicine* has a focus on aging and health. Your comments?

Early in my surgical career, I became sensitive to the issue of aging and health. We were educating our surgical residents in an environment that was continuing to push the boundaries on surgical innovations and advancements. What is achievable with surgery may not always be advisable. It's so important to listen to our patients and apply respect, honor, and understanding to assist in their healthcare choices.

I also learned the importance of palliative care with regard to seniors. Surgery may not always be curative, but it can be helpful in many cases for palliation. I'm pleased to see *Sonoma Medicine* focus on this important topic.

What are your interests outside of medicine?

Family time with our children, and attending their activities and sporting events, are first and foremost. I enjoy hiking, reading, photography, walking everywhere with my dog, and travel. We love exploring new places and particularly try to see a new national park each year.

Is there a particular event in your medical career that stands out for you?

I feel so blessed to be a surgeon and feel energized every time my patients look to me and say they trust me. As physicians, we hold that trust sacred and I will do everything to honor that trust and do the right thing every day. I love working with my colleagues at Kaiser Permanente. It is amazing to be a part of a team that feels the same passion for delivering patient-centered high-quality care. A couple of years ago, a female patient suffering from necrotizing fasciitis (flesh-eating bacteria) was close to death with multi-organ failure, and not expected to live. We were able to perform multiple surgeries, after which she fully recovered, and returned to a normal life as a young mother. Every year around the holidays she sends me a thank-you email. Things like that make my job so very rewarding. To know that you make a difference means everything.

Becoming SCMA president certainly stands out, and I am so honored to serve. ◇

Email: patricia.e.may@kp.org

CURES Duty-to-Consult

Mandate Takes Effect October 2

Effective October 2, 2018, physicians must consult California's prescription drug monitoring database (the Controlled Substance Utilization Review and Evaluation System, or CURES) – before prescribing Schedule II, III or IV controlled substances.

When Must I Consult CURES?

Physicians must consult the database before prescribing controlled substances to a patient for the first time and at least once every four months thereafter.

Save the Date:

Free CURES webinar with the California Department of Justice on 8/22.
Register at cmanet.org/events.

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For More Information

CMA CURES webpage: cmanet.org/cures
CURES website: oag.ca.gov/cures

End of Life Option Act Reinstated — For Now

A STATE APPELLATE COURT has stayed the Riverside County Superior Court's judgment issued on May 24, 2018, declaring California's End of Life Option Act void and unconstitutional. Due to the lower court's judgment, physicians had been advised against relying on the Act to prescribe aid-in-dying medication in caring for patients with terminal illnesses. The appellate court's stay effectively reinstates the California's aid-in-dying law for the time-being, while the courts consider the constitutional questions surrounding the Act.

The California Attorney General's Office requested the stay to alleviate the confusion caused by the Act's invalidation. Edward Damrose, M.D., chief of staff at Stanford Health Care hospital and clinics, submitted a supporting declaration and stated that the "uncertainty over the Act is disrupting and impeding the ability of physicians to care for terminally-ill patients," and that a stay is needed to "afford more time to physicians to transition their practice and treatment of terminally-ill patients." Fourteen other declarations were submitted by terminally-ill patients, other physicians and state officials. "It is clear that, without a stay," the Attorney General argued, "terminally ill patients will suffer great harm, and some will be forever foreclosed from benefitting from any relief that this Court might eventually provide in a decision on the merits."

While the Act currently remains in full force and effect due to the appellate court's stay order, the Act's fate ultimately remains unresolved. Under the California Constitution, the legislature has authority to pass laws in a special legislative session only if they fall within, or are reasonably related to, the scope of a governor's proclamation calling for the special session. The lower court's judgment reasoned that the Act was unconstitutional because it was not reasonably related to the health care issues that were the subject of Governor Brown's proclamation for a special session in fall 2015. The appellate court has ordered full briefing on this constitutional question to be completed by July 25, 2018. Oral argument will then be scheduled and a decision from the appellate court can be expected within 30-45 days thereafter.

For more information, or if you would like to discuss the potential impact of the trial court's decision on your practice, contact the California Medical Association's Legal Information Line at (800) 786-4262 or **legalinfo@cmanet.org.**

—CMA News, *June 18, 2018*

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Are You Ready to Check CURES?

Katherine Boroski

EFFECTIVE OCT. 2, 2018, physicians must consult California's prescription drug monitoring database (the Controlled Substance Utilization Review and Evaluation System, or CURES) prior to prescribing Schedule II, III, or IV controlled substances. All individuals practicing in California who possess both a state regulatory board license authorized to prescribe, dispense, furnish, or order controlled substances, and a Drug Enforcement Administration Controlled Substance Registration Certificate, must be registered to use CURES.

Because of the critical importance of adequate technical support for physicians who will have to rely on CURES as a part of their prescribing workflow, the California Medical Association (CMA) negotiated into the final legislation a requirement that the mandate could not take effect until the California Department of Justice (DOJ) certified that the database was ready for statewide use and that the department had adequate staff to handle the related technical and administrative workload.

On April 2, 2018 — two years after the law was enacted — DOJ finally certified that CURES was ready for statewide use. The certification began a six-month transition period, with the duty-to-consult taking full effect on Oct. 2, 2018.

WHAT PHYSICIANS NEED TO KNOW

Under the new mandate, physicians must consult the database prior to prescribing controlled substances to a patient for the first time, and at least once every four months thereafter if that substance remains part of the patient's treatment. Physicians must consult CURES no earlier than 24 hours or the previous business day prior to the prescribing, ordering, administering, or furnishing of a controlled substance to the patient.

The law provides, however, that the requirement to consult CURES would not apply if doing so would result in the patient's inability to obtain a prescription in a timely manner and adversely impact the patient's conditions, so long as the quantity of the controlled substance does not exceed a five-day supply.

Physicians are also not held to this duty to consult when prescribing controlled substances to patients who are:

- Admitted to a facility for use while on the premises;
- In the emergency department of a general acute care hospital, so long as the quantity of the controlled substance does not exceed a seven-day supply;
- As part of a surgical procedure in a clinic, outpatient setting, health facility or dental office, so long as the quantity of the controlled substance does not exceed a five-day supply; or
- Receiving hospice care.

In addition, there are exceptions to the duty to consult when access to CURES is not reasonably possible, CURES is not operational, or the database cannot be accessed because of technological limitations that are beyond the control of the physician.

CMA FIGHTS FOR CURES PROTECTIONS

CMA worked closely with the bill's author and other stakeholders to reach mutually agreeable language, which was reflected in the final version of the bill (SB 481, Lara). Among the negotiated amendments are liability protections related to the duty to consult the database and changes to ensure that healthcare providers can meet the requirements under state and federal law to provide patients with their own medical information without penalty. The bill also clarifies that healthcare providers sharing the information within the parameters of HIPAA and the Confidential Medical Information Act, including adding the CURES report to the patient's medical record, are not out of compliance with the CURES statute.

SAVE THE DATE: CURES WEBINAR WITH DOJ ON 8/22

CMA will be cohosting a live CURES webinar with DOJ on Aug. 22, 2018. The webinar will be free to all interested parties. Registration will open soon at cmanet.org/events.

FOR MORE INFORMATION

For more information, see CMA On-Call document #3212, "California's Prescription Drug Monitoring Program: The Controlled Substance Utilization Review and Evaluation System (CURES)." On-Call documents are free to members in CMA's online resource library at www.cmanet.org/cma-on-call. Nonmembers can purchase documents for $2 per page.

ADDITIONAL RESOURCES

CURES website: oag.ca.gov/cures

CURES FAQ: oag.ca.gov/cures/faqs

Medical Board CURES webpage: mbc.ca.gov/cures

CMA CURES webpage: cmanet.org/cures

CMA Safe Prescribing webpage: cmanet.org/safe-prescribing

CMA will continue to provide educational resources and work with DOJ to ensure a smooth implementation of the new requirement. Physicians who experience problems with the CURES database should contact the DOJ CURES Help Desk at (916) 227-3843 or cures@doj.ca.gov.

Email: kboroski@cmanet.org

Katherine Boroski is senior director of communications for the California Medical Association.

THE 2018 SCMA Kids'

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Have you ever had an "Aha!" or "Eureka!" moment? If you have, and feel inspired to write a compelling personal essay about it, you may be able to win cash prizes in the Sonoma County Medical Association's annual **Summer Essay Contest.**

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Ages 8–12: Submit an essay with 500–700 words.

1st prize: $150
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Ages 13–17: Submit an essay with 700–1,000 words.

1st prize: $150
2nd prize: $50

Qualifications: This Summer Essay Contest is open to all SCMA member physicians' families (including children, grandchildren, nieces, nephews, cousins, etc.)!

Submissions: Submit by email to exec@scma.org and provide a printed copy in presentation format (photos encouraged!) to the Sonoma County Medical Association, 2312 Bethards Drive, Suite #6, Santa Rosa, CA 95405. Submissions due by Friday, Aug. 24, 2018.

Winners will be published in the fall 2018 issue of *Sonoma Medicine* (the quarterly magazine of SCMA). First-place winners will also be invited to the SCMA Awards Gala to be held on Wednesday, Dec. 5, at the Vintners Inn in Santa Rosa.

Questions: Contact SCMA at 707-525-4375 or via email at scma@scma.org.

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Village Network of Petaluma Provides Critical "Social Care"

Lyndi Brown

Village Network members enjoy a day out as part of their walking group activities.

Sixteen years ago, neighbors living in Boston's historic Beacon Hill neighborhood started discussing how they might remain living in their homes through their retirement years. Their children were raised and living far away, and the physical challenges faced as one ages were becoming problematic. They decided to turn to each other for thriving social connections and practical support. Thus, the Village Movement was born. Today there are more than 200 open villages nationwide with more than 150 in development.

Healthy aging goes beyond medical care. It requires social care, and this is where the village concept excels. Access to practical supports like reliable transportation, home safety upgrades, and regular medical care is critical to staying healthy as we age. However, statistics show that 80 percent of physicians do not feel confident in their capacity to meet their patients' social needs. As a result, families are left to figure that out on their own. These unmet needs can diminish our ability to live independently as we age. Villages bridge the divide to help families and individuals find the simple solutions they need to stay healthy, happy and in charge of their lives.

Penngrove resident Lyndi Brown is an outreach volunteer for Village Network of Petaluma. She retired from a career in nonprofit development and public relations.

In 2012 Anne Greenblatt of Petaluma read about the Village Movement in an AARP publication. She had recently retired from Sonoma State University where she was a career counselor. Anne and her husband Paul had moved from rural Forestville to Petaluma, and she was interested in getting involved in her new community.

"My daughter had hoped we would relocate to the South Bay near her family, but we didn't want to leave the beauty and amenities we loved about Sonoma County, "she said. "We decided Petaluma was a fit for us, and we wanted to live in our home as long as we could. We knew it 'would take a village.'"

Learning that the national Village to Village Network's conference was coming up in the East Bay, she decided to attend. Husband Paul chuckles, "she came home with her hair on fire!"

Greenblatt learned that a village is a reciprocal community of members and volunteers, where people can grow, laugh with, and rely upon one another to improve quality of life and expand choices at all stages of aging. The village

model is a local, grassroots network of people, ages 50 and up. Members face the future head on, and share challenges, wisdom, and resources to support each other to navigate life's transitions. The members of a nonprofit village grow not just older, but bolder and more confident.

Greenblatt soon found like-minded people and discussed the model around kitchen tables. What kind of village might Petaluma need, without duplicating the services offered by other senior organizations?

By 2014, after two years of research, Village Network of Petaluma opened its office as the first village in Sonoma County. The nonprofit's members are from Petaluma and Penngrove. A member states, "When I connect with my village, I feel energized, because I am part of a powerful, expansive community. Together, we're creating what comes next in our lives."

Here's how it works. Members contact the village office and are linked with a volunteer who responds with a smile.

Village Network members enjoy a game of bocce ball.

The request might be for computer tutoring, light handyperson work, or even mattress flipping. If a member wants a walking partner, a coffee shop conversation, or friends to play games with, she/he joins interest groups run by fellow members. Volunteer drivers can accompany a member to a doctor appointment, and trained "Med Pals" will take notes if needed. There is plenty of support before and after surgery, from pet care to food preparation. Computer help is just a call away.

While the Village Movement is young, the model strikes a chord with people nationwide, and now, internationally. It has been described as a "true innovation" at a time when the safety net is being dismantled: baby boomers are beginning to experience the gap between what they (and often their parents) will need over the next 20 to 30 years, and what they can afford.

In Sonoma County, other village models are popping up. The 707 Villages, Inc., is poised to help create local villages. It has adopted a "hub-and-spoke" model, with one hub of administrative functions and spokes of volunteers and members in different neighborhoods or areas. The Sebastopol Village Network is currently exploring needs in its area. And, it's easy to find a village for a loved one in another area at Village to Village Network, at http://www.vtvnetwork.org/. ◇

Email: lyndi@sonic.net

Sheela and Tammra have been serving Sonoma County physician families with their real estate goals since 2007. Having been personally affected by the wildfires, they are committed to helping physician families through this unprecedented experience.

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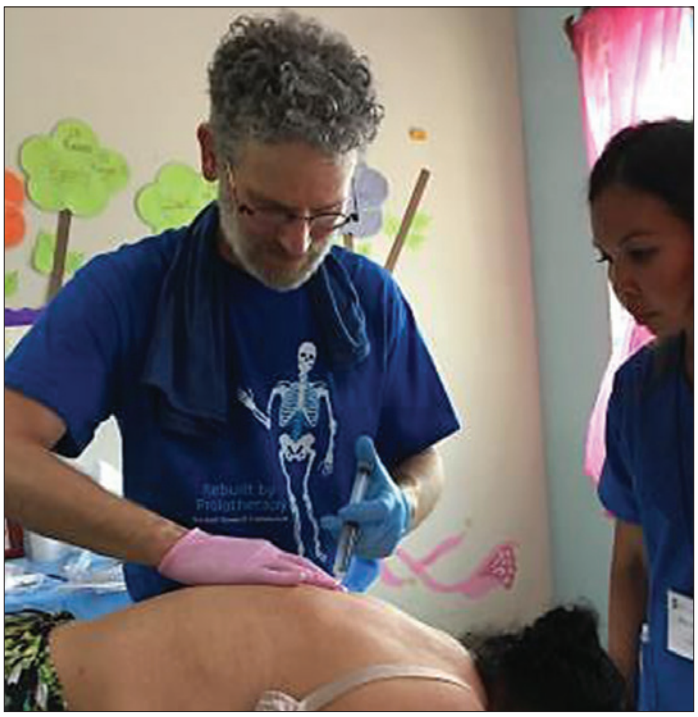
Providing Medical Care to the Underserved in Honduras and Mexico

Robert A. Schulman, MD, FAAPMR, David Rabago, MD, and Mary Doherty



Dr. Schulman performs a thoracic prolotherapy procedure on a patient at the clinic in Olanchito, Honduras.

We hear so often about the many things that trouble our world. While overall we are making advances in many ways, major medical and economic dilemmas affect people worldwide. Those at the lower end of the economic ladder, or in developing countries, are especially affected. It's hard to know what to do. One charitable organization with local members provides both conventional and innovative medical services to those in need locally and abroad.

The Hackett Hemwall Patterson Foundation (HHPF) is a non-profit service-learning medical organization with IRS 501(c)(3) status. Our name identifies the leaders in our 50-year history. George Hackett, MD, a surgeon from Ohio, developed a technique for treating chronic pain without opioids called "prolotherapy" and used it in his medical practice. He later wrote the classic textbook *Ligament and Tendon Relaxation Treated by Prolotherapy,* first published in 1956, now in its fifth edition.

In 1969, Gus Hemwall, MD, a surgeon from Chicago, established a foundation dedicated to providing medical care to needy people around the world. He named the foundation after his mentor, Dr. Hackett.

Dr. Hemwall established service trips to Central and South America for a number of years with just small groups of three or four doctors. In 1969 he took his first group of doctors to La Ceiba, Honduras. The medical focus was to treat underserved patients experiencing pain or varicose veins with prolotherapy and vein sclerosis, respectively.

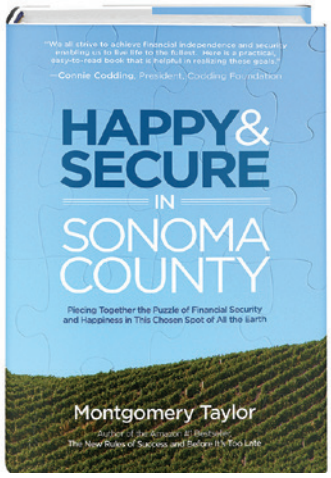
Jeffrey J. Patterson, DO, professor at the University of Wisconsin School of Medicine and Public Health, Department of Family Medicine, grew and modernized the HHPF, locating it within a university environment, and linking its care strategies to contemporary medical science. He was the foundation's director until his untimely death in 2014.

Who are the members? They are physicians from around the world, including the U.S., Canada, Korea, Italy, Serbia, Mexico, Honduras, Spain, and Turkey. Overall, doctors from over 25 countries have trained with the HHPF to learn prolotherapy.

The HHFP is affiliated with the University of Wisconsin-Madison, where HHPF holds an annual conference devoted to the research and teaching of prolotherapy. HHFP provides three medical services: prolotherapy for chronic pain, ultrasound guided foam sclerotherapy for varicose veins, and ENT surgery.

On our service-learning projects, all services provided are free of charge to patients. Local organizations, including the Red Cross, help with the "clinics" and patients are asked for a donation. But the HHFP policy is that no one is turned away.

Dr. Schulman practices in Santa Rosa and is board certified in physical medicine & rehabilitation and in pain medicine. He serves as a clinic director with the Hackett Hemwall Patterson Foundation (HPPF). Dr. Rabago is co-president of HPPF and serves as an assistant professor at the University of Wisconsin School of Medicine and Public Health. Mary Doherty is co-president of HPPF.



"***Happy & Secure in Sonoma County*** is a thoroughly enjoyable read. Its personal stories demonstrate the diversity of life in Sonoma County and the associated financial challenges we all face. The case-study approach provides practical guidance and usable financial tips that can be easily understood and put into practice."

Áine Smalley
Senior Regulatory Affairs Director, Medtronic

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Physicians and volunteer staff at the clinic in Olanchito, Honduras.

All donations are used by the local organizations to help them provide assistance to local residents. All HHPF expenses for the Honduras and Mexico projects are covered by HHPF fundraising efforts.

Prolotherapy

Why prolotherapy? Prolotherapy is a simple, safe, inexpensive, and often effective therapy for chronic pain. Prolotherapy typically uses hypertonic dextrose as an agent that stimulates local healing when injected in or near painful joints. Early research suggests that dextrose may also directly "calm" irritated pain nerves and stimulate the growth of articular cartilage. Prolotherapy is growing in popularity, with aspects that are especially attractive for developing countries: the solutions used (dextrose, lidocaine, saline) are inexpensive and easy to transport. Prolotherapy is a treatment that can significantly reduce chronic musculoskeletal pain without the ongoing use of NSAIDs or other medications that are expensive, have side effects, and may be unavailable.

Vein Treatment

Untreated varicose veins in developing countries are often much more severe than those in Western nations. Lack of timely care can cause initially simple varicosities to form large ulcers that can threaten limbs. HHPF is equipped to handle large varicose veins with up-to-date, non-surgical, ultrasound guided techniques.

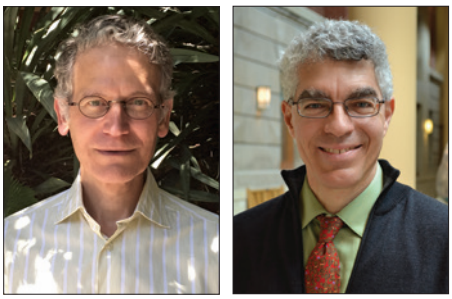
ENT

HHPF sponsors an annual ear, nose, and throat (ENT) service project in La Ceiba, Honduras, alongside its prolotherapy and vein-care projects. Partnering with local surgeons, we perform ENT surgeries and limited facial/neck reconstruction surgical procedures. We also perform approximately 200 audiology/hearing tests annually and provide hearing aids to those with hearing loss.

HHFP provides these services in Honduras once per year in a large-scale service-learning project over three weeks, in the cities of Tela, Olanchito, and La Ceiba. One hundred physicians and volunteers treat 3,500 patients annually. To prepare for the trip, over 40 volunteers lay the groundwork for our efforts, and during the three-week project, over 100 local volunteers provide vital on-the-ground services. An additional 50 volunteers help with Spanish translation.

HHPF also operates a "brigade" in Mexico once per year, in the city of Guadalajara. The clinical focus continues to address chronic pain and varicose veins/ulcers. Twenty-five physicans provide over 1,200 treatments each year. One hundred local volunteers work during the year, and during the clinic, as well as about 25 local translators, to help facilitate clinical visits.

A service organization of this type often must resort to creative practices to get the job done. In our case, we have to answer the question: "How do we get all that stuff to Honduras cheaply?" The answer is "by donated semi-trailer truck." Supplies are transported from Wisconsin to Honduras by truck and ship. A 42-foot shipping container is loaded each January in Madison, Wis., and sent by land and sea to La Ceiba, Honduras. It is loaded with purchased medical supplies that we use in our clinics in Honduras, and also donated medical supplies that we give to Honduran public hospitals. We also ship donated school supplies.



Dr. Robert Schulman and Dr. David Rabago

All projects combine charitable service with an apprentice-style learning component. HHFP training for physicians includes an annual clinical and scientific conference in Madison. This is jointly sponsored by the UW School of Medicine and Public Health, and AMA Category 1 CME credits are offered. Our projects in Mexico and Honduras are staffed by faculty nationally recognized for expertise in a prolotherapy, vein sclerosing, or ENT work, and clinicians participate in closely mentored procedural work on site. Many physicians continue to return as students, and then become instructors. The one week "brigade" in Mexico is for physicians who have attended at least an entire two-week workshop in Honduras.

HHPF is dedicated to the highest standards of medical practice and science, and participates in quality-improvement and research endeavors. At present the HHPF is working to standardize prolotherapy training through its standardization committee and the creation of a teaching manual.

Over the past 50 years, HHPF has played a major role in developing techniques and protocols for two therapies — prolotherapy and vein sclerosing — providing substantial services in both and related work in a third: ENT. We begin our next 50 years dedicated to continued work in all three. ◇

Email: schulman@schulmanmd.com

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From left to right: Michael Yang, MD; Barbara Kangas, NP; Eric Lee, MD; John Hau, MD

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>> NEXT EVENT <<

Wednesday, September 26
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5:30–8:30 P.M.
Medtronic
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- Networking
- Dinner hosted by Homebound
- Presentation in the auditorium
- No charge to attend event

Panelists TBD — Watch for details soon.

PREPARING FOR THE WORKSHOP:

Send your questions in advance to exec@scma.org by Sept. 1, 2018. SCMA will share the questions ahead of time with the panelists so they will be prepared to speak on topics relevant to attendee concerns. Please share news of this event with anyone in our community whom you believe would benefit from the workshop. All are welcome to attend.

RSVP to **rachel@scma.org** or by calling **707-525-4375.**

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Fire Recovery Resource Panel

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SCMA Executive Director Wendy Young and panelists address attendees; (inset) Jam's Joy Bungalow and The Bodega provided food trucks for the event.

Over 80 Santa Rosa residents, medical personnel, and employees of Kaiser Permanente and Medtronic gathered on May 2 to attend the second of SCMA's Fire Recovery and Resource Panel & Dinner events.

Held at Medtronic's Cardiovascular office complex, this SCMA community-outreach panel featured experts from the legal, construction, architecture, government, and insurance fields who made presentations and answered questions about the broad spectrum of fire-recovery issues affecting Santa Rosa in the wake of the Oct. 9, 2017, firestorm.

Panelists included Amy Bach of United Policyholders Insurance; Mike Behler, Behler Construction; John Friedemann, Friedemann Goldberg LLP; Doug Hilberman, AXIA Architects; Bennett Horenstein, City of Santa Rosa; Gabe Osborn, City of Santa Rosa; Tennis Wick, County of Sonoma; and Keith Woods, North Coast Builders Exchange. Incoming SCMA President Patricia May, MD, represented the Sonoma County Medical Association.

Panel sponsors provided a catered dinner for attendees courtesy of food trucks supplied by The Bodega and Jam's Joy Bungalow. Medtronic and Kaiser Permanente joined SCMA as co-sponsors of the event, which was emceed by SCMA Executive Director Wendy Young and Keith Woods, CEO of the North Coast Builders Exchange. This panel was a follow-up to the first such SCMA-sponsored community-outreach event, held Jan. 17 at Medtronic. ◇

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OPEN CLINICAL TRIALS
IN SONOMA COUNTY

Sonoma Medicine lists open clinical trials in Sonoma County to increase awareness of local medical research and to benefit physicians who may wish to refer patients. This list includes research groups that both responded to our request for information and are conducting open trials. The clinical trials at other research groups are only open to their own patients.

Each listing includes the group's name and address, along with the phone number and email address of the appropriate contact person. As the list is subject to change, contact the individual research groups for the latest information.

If you know of other local open trials, contact SCMA at 707-525-4375 so the information can be listed in the next issue. This section is provided as a free service by *Sonoma Medicine*, and we rely upon voluntary input from the medical community in order to provide it. ■

NORTH BAY EYE ASSOCIATES

104 Lynch Creek Way #12, Petaluma
Contact: Angela Reynolds
707-769-2240
research@northbayeye.com

Glaucoma

- **Sustained-release punctal plugs**
  Criteria: OHT or OAG (no PEX or PIG), IOP ≥24 and ≤34 off meds. Stable inhaled steroids OK. Pachy >480 and <620. C/D 0.8 or less.
- **Japanese glaucoma patients**
  Criteria: OHT or OAG (no PEX or PIG). 1st gen Japanese or 2nd gen Japanese-American. OAG IOPs (off meds) ≥15mmHg and < 35mmHG. OHT IOPs (off meds) ≥22mmHG and <35mmHg. No PIs or SLT/ALT. No LASIK.
- **Sustained-release, P.F., biodegradable implant**
  Criteria: OHT or POAG (secondary glaucoma ok- PEX or PIG). IOP ≥22 and ≤32 off meds. Pachy ≥480 and ≤620. No asthma or COPD.
- **SLT or implant for NON-COMPLIANT PT'S**
  Criteria: OHT or POAG (secondary glaucoma ok- PEX or PIG). Not compliant with drops or unable to get drops in. Suitable candidate for SLT. IOP ≥22 and ≤34 off meds at washout. Pachy ≥480 and ≤620.
- **Generic Brinzolamide**
  Criteria: OHT or OAG (secondary glaucoma ok- PEX or PIG) or OHT OU, IOP (off Meds) >22 and <34, CD. < 0.8, VA 20/200 or better. Pachy <600.

Chalazion

A transdermal patch for the eyelid
Criteria: Subjects aged ≥6 years with SINGLE chalazion for ≤21 days, > 2mm from lid margin. No glaucoma, IOP ≥22mmHg or steroid responders.

Blepharitis

New treatment for blepharitis
Criteria: Subjects >1 year, Active blepharitis (eyelid redness, swelling, debris, irritation) IOP >8 and < 22 in either eye, no mod to sev dry eye, preferably no eyelid medications or steroid use w/in 14 days.

Ptosis

An eyedrop for Ptosis
Criteria: Dx of blepharotosis, VA 20/80 or better.

Dry eye

A new eyedrop for dry eye.
Criteria: Dx of moderate to severe dry eye, blurry vision caused by dry eye, no Omega 3or 6 or herbal supplements, no contact lens wear during the study.

Bacterial conjunctivitis

- Criteria: Suspect bacterial conjunctivitis w/discharge and conjunctival injection. Symptoms <4 days. No topical ophthalmic medications or ATs w/in 2 hours. NO topical ophthalmic antimicrobial or anti-inflammatory agents w/in 48 hours.
- Criteria: Subjects of ANY age. Suspect bacterial conjunctivitis w/discharge and injection. Symptoms ≤ 3 days. No antibiotics (topical or systemic) within ≤ 7 days. No topical oph. products (ANY) w/in 2 hours of Visit 1.

Adenoviral conjunctivitis

Only potential treatment for viral conjunctivitis
Criteria: Subjects of ANY age. Suspect adenoviral conjunctivitis w/watery discharge and injection. Signs/symptoms ≤ 3 days. No antivirals or antibiotics w/in ≤ 7 days; topical NSAIDs w/in ≤ 1 day; Top/systemic steroids w/in ≤14 days.

NORTH BAY NEUROSCIENCE

7064 Corline Ct, Suite B-1, Sebastopol
Contact: Anna Aaronson
707-827-3593, Fax 707-861-9465
anna.aaronson@northbayneuro.org

Novartis Generation 1 Study, CAP015A2201J

- This randomized, double-blind, placebo-controlled study evaluates the efficacy of two investigational drugs, CAD106 and CNP520, in comparison to respective placebo in participants at high risk of developing dementia based upon their age and genetic status. Cognitively unimpaired individuals age 60 to 75 years, inclusive, with APOE4 homozygote (HM) genotype are selected, as they represent a population at particularly high risk of progression to dementia due to Alzheimer's disease. Treatment will occur for at least 60 months, and up to 96. Approximately 1,340 participants will be randomized across at least 80 study sites across the world.

Novartis Generation 2 Study, CNP520A2202J

- A randomized, double-blind, placebo-controlled study to evaluate the efficacy and safety of CNP520, an investigational drug, in comparison to placebo in participants at risk for the onset of clinical symptoms of Alzheimer's disease. The study analyzes the effects of CNP520 on cognition, global clinical status, and underlying AD pathology. It recruits cognitively unimpaired participants age 60 to 75 years, with at least one APOE4 allele, and if heterozygous for this gene, with evidence of elevated levels of amyloid in the brain. The study will consist of approximately 2,000 participants who will receive treatment for at least 60 months, and for a maximum of 84 months.

Upcoming: Roche Graduate Study, WN29922

- This phase III multicenter, double-blind, placebo-controlled study evaluates the efficacy and safety of the investigational drug gantenerumab compared with placebo in patients with early (prodromal to mild) Alzheimer's disease. The study plans to enroll approximately 760 participants worldwide. Eligible patients must be age 50–90 years inclusive and must show evidence of beta amyloid pathology. The duration of the study is 104 weeks of treatment, plus follow up visits at 14 and 50 weeks after the final dose of study drug.

REDWOOD DERMATOLOGY RESEARCH

2725 Mendocino Ave., Santa Rosa
Contact: Liza Marie, RN
707-755-3946
liza.marie@ncmahealth.com

Molluscum contagiosum (pediatric to adult). VP-102 topical film-forming solution for subjects 2 years old and older with molluscum contagiosum.

ST. JOSEPH HERITAGE HEALTH

3555 Round Barn Circle, Santa Rosa
Contact: Kim Young
707-521-3814
kimberly.young@stjoe.org

Bladder cancer

- Chemotherapy versus combination checkpoint inhibitor therapy in metastatic bladder cancer.
- Durvalumab in locally-advanced and metastatic bladder cancer.

Breast cancer

- Post-operative adjuvant NeuVax vaccine and Herceptin in patients with high risk HER2+ tumors.
- BriaVax vaccine for patients with metastatic breast cancer.
- Fulvestrant with or without venetoclax in metastatic disease after progression on a CDK4/6 inhibitor.
- Capecitabine with or without an oral taxane in ER+/HER2- metastatic breast cancer.
- Post-operative study of genetic risk factors in lymphedema (UCSF).

Colon cancer

- Chemotherapy with or without a stem cell inhibitor for patients with metastatic colon cancer.

Endometrial cancer

- Sodium cridanimod and progestins in metastatic or recurrent endometrial cancer.

Head and neck cancer

- Chemo/radiation with or without pembrolizumab for locally advanced head and neck cancer.

Kidney cancer

- Cabozantinib with or without a glutaminase inhibitor in relapsed renal cell carcinoma.

Lung cancer

- Pre-operative chemotherapy with or without pembrolizumab for resectable stage IIB/IIIA disease.
- Post-operative adjuvant chemotherapy plus a third-generation tyrosine kinase inhibitor.
- ErbB3 receptor blockade in patients with heregulin-expressing metastatic lung cancer.
- Maintenance therapy with rovalpituzumab following chemotherapy for small cell lung cancer.
- A Notch receptor inhibitor (rovalpituzumab) versus chemotherapy in recurrent small cell lung cancer.
- Biomarker study of concordance between non-invasive and tissue testing for EGFR T790M mutation.
- Pembrolizumab with or without interleukin-10 in first line metastatic disease with high PDL1 expression.
- Nivolumab with or without interleukin-10 in second line metastatic disease with low PDL1 expression.
- Osimertinib with or without a CDK4/6 inhibitor in metastatic lung cancer containing an EGFR mutation.
- Platinum/pemetrexed with or without pembrolizumab in EGFR-mutated, TKI-resistant, metastatic dz.

Lymphoma

- A novel PI3K inhibitor in patients with relapsed follicular, marginal zone or mantle cell lymphoma.

Multiple myeloma

- Pomalidomide/dexamethasone versus ixazomib/dexamethasone for relapsed/refractory myeloma.

Myelodysplasia

- Roxadustat for patients with transfusion-requiring low grade myelodysplasia.

Pancreatic cancer

- Chemotherapy with or without hyaluronidase in patients with metastatic tumors expressing hyaluronan.

Prostate cancer

- Androgen deprivation with or without enzalutamide in metastatic hormone-sensitive prostate cancer.
- Rucaparib in patients with HRD-positive metastatic castration-resistant prostate cancer.

Solid tumors

- Fruquintinib for recurrence in multiple solid tumor types.

Stomach cancer

- Maintenance therapy with a PARP inhibitor after chemotherapy for unresectable/metastatic disease.

SUMMIT PAIN ALLIANCE

392 Tesconi Ct., Santa Rosa
Contact: Leny Engman
707-623-9803, Ext 118
leny.engman@summitpainalliance.com

Lower back pain. Enso Pilot Study. Enso is a portable device for the treatment of chronic and acute types of musculoskeletal pain.

Upper back and/or trunk pain. Efficacy of spinal cord stimulator to treat patients with upper back axial and/or radicular thoracic pain.

SYNEXUS USA

4720 Hoen Ave., Santa Rosa
Contact: Victoria Lynch
707-542-1469
victoria.lynch@synexus-us.com

Plaque Psoriasis

- Subjects with moderate-to-severe plaque psoriasis. PASI score of ≥12; total body surface area (BSA) affected by plaque psoriasis of ≥10; IGA score of >3.

Diabetic Kidney Disease

- Diabetic kidney disease in patients with Type 2 Diabetes with persistent high albuminuria or persistent very high albuminuria; Pretreated with either angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) at maximal tolerated dose.

2018 ANNUAL SCMA CONTRIBUTION AWARDS

Call for Nominations

Good leaders can influence and motivate others. They have the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. Do you know individual colleagues who demonstrate excellence and a strong commitment to improving our communities?

The Sonoma County Medical Association Awards Committee is seeking nominations for the 2018 awards, which honor individuals who have demonstrated exemplary service. The awards reflect a significant tribute of respect, recognition and appreciation from SCMA member physicians. Awards are also given to nonphysicians and practice managers who have made significant contributions to the advancement of medical science, medical education or medical care. The awards are as follows:

#1 Outstanding Contribution to the Community

Presented to an SCMA member whose work has benefited the community.

#2. Outstanding Contribution to Local Medicine

Presented to an SCMA member who has improved local medical care.

#3. Outstanding Contribution to SCMA

Presented to an SCMA member who has served the medical association beyond the call of duty.

#4. Recognition of Achievement

Presented to a nonphysician who has helped advance local medicine.

#5. Practice Manager of the Year

Presented to an SCMA physician's practice manager who has exhibited exemplary service to the practice through outstanding leadership, business planning and development, financial management, implementation of systems and/or knowledge of relevant legislation.

Past recipients are listed on the following page. Physician candidates must be SCMA members and may be nominated for more than one award. If you are unsure if the physician you are nominating is a member, please submit your nomination and SCMA staff will confirm. *You do not have to be an SCMA member to nominate a colleague for an award.* Nominations are due by **Friday, Aug. 31**. For more information, contact Wendy Young at 707-525-4375 or at exec@scma.org.

Self-nominations are encouraged and accepted!

SCMA 2018 Annual Awards Nomination

To: SCMA 2018 Awards Committee

From: _____ **Phone** _____
(Name required)

Nominee: _____ **Award:** _____

For more than one nomination, submit separate forms for each. Please provide supporting information, including accomplishments and contributions that will help the Awards Committee evaluate your nominee. Nominations must be received at SCMA **by 5 p.m. on Friday, Aug. 31.** Submit via any of the following methods:

Email to **scma@scma.org** | **Fax** to **707-525-4328**
Mail to **SCMA, 2312 Bethards Dr. #6, Santa Rosa, CA 95405**

THREE DECADES OF AWARDS RECIPIENTS

	Outstanding Contribution to the Community	Outstanding Contribution to Sonoma County Medicine	Outstanding Contribution to SCMA	Special Award for Recognition of Achievement	Practice Manager of the Year
1987	Frank Norman, MD		Joseph Schaefer, MD		
1988	Horace Sharrocks, MD		Robert Butler, MD		
1989	Carroll Andrews, MD John Roberts, MD	Richard Barnett MD	Carl Anderson, MD		
1990	Marshall Kubota, MD	Louis Menachof, MD	Ransom Turner, MD		
1991	William Ellison, MD	Harry Ackley, MD	James Clegg, MD		
1992	Harding Clegg, MD Tetsuro Fujii, MD	John Reed, MD	L. Reed Walker Jr., MD		
1993	Thomas Honrath, MD	Lucius Button, MD			
1994	John Sweeney, MD	William Dunn, MD	Thomas Maloney, MD	Helen Rudee	
1995	Kenneth Howe, MD	Maurice Carlin, MD Winston Ekren, MD	Leonard Klay, MD		
1996	Gary Johanson, MD Harry Richardson, MD	Michael Gospe, MD	Jerome Morgan, MD	Brother Toby	
1997	Salute to Community Service	Salute to Community Service	Salute to Community Service		
1998	Gregory Rosa, MD	James McFadden, MD	Donald Van Giesen, MD	Daryl Schloss	
1999	Chris Kosakowski, MD Brian Schmidt, MD	Mark DeMeo, MD	Clinton Lane, MD		
2000	Katherine Walker, MD	Frank Miraglia, MD	Cynthia Bailey, MD	Steve Osborn /Joan Chilton	
2001	Jeffrey Miller, MD	Robert Huntington, MD	William Meseroll, MD	Andrea Learned /Larry McLaughlin	
2002	Bob Schultz, MD	Louis Menachof, MD	Paul Marguglio, MD	Cynthia Melody/Harry Polley/ Assemblywoman Patricia Wiggins	
2003	Amy Shaw, MD	Brien Seeley, MD	Ron Van Roy, MD	Elizabeth Chicoine/ Cheryl Negrin-Rappaport	
2004	Michael Martin, MD	Jan Sonander, MD	Dan Lightfoot, MD	Sharon Keating	
2005	Richard Powers, MD	Mary Maddux-González, MD		Medicare Campaign Leaders	
2006	Rick Flinders, MD	Leigh Hall, MD	Lynn Mortensen, MD	Robert Pelligrini	
2007	Jose Morales, MD	James Gude, MD	Phyllis "Jackie" Senter, MD	Kay Reed & David Anderson, MD	
2009	Walt Mills, MD	Jeff Sugarman, MD	Brad Drexler, MD	Santa Rosa Family Medicine Residency Consortium	
2010	Stacey Kerr, MD	Lyman "Bo" Greaves, MD	Richard Andolsen, MD		
2011	Allan Bernstein, MD	Enrique González-Méndez, MD	Kirk Pappas, MD	Operation Access	
2012	Jeff Haney, MD	Mark Netherda, MD	Catherine Gutfreund, MD	Redwood Community Health Coalition	
2013	Robert B. Mims, MD	Peter Brett, MD	Walt Mills, MD	Northern California Center for Well-Being	
2014	Joe Clendenin, MD	Laurel Warner, MD Charles Elboim, MD		Ritch Addison, PhD	
2015	Richard Powers, MD	Congressman Mike Thompson, Brad Drexler, MD/Len Klay, MD/ Jan Sonander, MD	Medical Review Advisory Committee	SCMA Alliance Foundation Holiday Greeting Card	
2016	Gary Barth, MD	Jerry Minkoff, MD	Rob Nied, MD	Partnership Health Plan of California	
2017	Allan Hill, MD	Lisa Ward, MD	Clinton Lane, MD	Steve Osborn/ Medical Heroes of the Firestorm	Kris Hartigan, RN

Save the Date!

Join us for the annual
SCMA **Awards Gala**
at Vintners Inn
Wednesday, Dec. 5, 2018
Watch for details in the monthly *News Briefs* and in the fall issue of *Sonoma Medicine*.

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SPONSOR

18th Annual Physician Appreciation Mixer Held at La Crema Estate Winery

SCMA's 18th Annual Physician Appreciation Mixer was held May 24 at the scenic La Crema Estate at Saralee's Vineyard in Windsor. Hosted and emceed by SCMA Executive Director Wendy Young, the event featured thanks and praise for outgoing SCMA President Peter Sybert, MD; the "passing of the President's gavel" to incoming SCMA President Patricia May, MD; an array of exceptional La Crema wines paired with delicious appetizers; and a raffle drawing for a La Crema vineyard tour.

Dr. Patricia May, SCMA Executive Director Wendy Young, and Dr. Peter Sybert with plaque honoring his presidency.

Dr. Sybert expressed thanks for the hard work of Wendy and the entire SCMA staff; joked that he was thankful to hand off the president's gavel to his successor; and said that last October's fires "brought out the best in our local medical community." He said he was pleased to leave the SCMA "bigger, stronger, and better" than when he began his term.

Dr. May presented a commemorative plaque to Dr. Sybert and told assembled attendees that during her term she will work toward making SCMA more relevant, both to its members and to the community at large. Stressing in-person communication, she said, "I want to hear from you. We need to work together to support our physician community and to nurture the next generation of physicians." ◇

Dr. Nancy Doyle.

Exchange Bank's Howard Daulton, Kimberly Daly and her husband, Dr. Shawn Daly.

Drs. Yong Liu and Daisy Manuel with Jeannie Calverly of St. Joseph Health.

Michelle Regan and Dr. Tim Regan.

Nick Fujimoto, his wife Dr. Michele Fujimoto, Dr. Rob Neumann and his wife, Michele.

Drs. Eric Culbertson, Tara Bartlett and Melissa Seeker.

Ellen Gail Gilbert, Drs. Rick Auld and Larry Gilbert.

Dr. Jon Sterngold and his wife, Kathryn.

Dr. Stewart Lauterbach and his wife, Barbara Swary.

Exchange Bank's Rick Mossi.

Dr.Allan Bernstein in conversation with Dr. Tim Regan.

Dr. Robert Schulman in conversation.

Dr. Christopher Walter and his wife, Emily.

Dr. James Le Mesurier with his daughter, Michelle, and his wife, Jeannie.

Dan Cavanaugh, Cooperative of American Physicians, addresses the group.

Dr. May with her husband, Jeff May.

The official passing of the SCMA gavel.

Homebound's CEO Tom O'Brien, Michael Carter and Lindsay Boassa.

SCMA members, friends, staff and sponsors gather at La Crema Winery for the 18th annual gavel-passing and summer celebration.

Introducing SCMA's NEWEST Business & Supporting Partners

SCMA's **BUSINESS PARTNER PROGRAM** adds a valuable benefit for SCMA members. The program is dedicated to offering products and services designed to support the business and personal needs of practicing physicians. Physicians benefit from discounts and referrals to quality services, and partners benefit from ongoing visibility with the medical community. Exclusive, Endorsed and Partner levels are available to qualified companies.

The **SUPPORTING PARTNER PROGRAM** offers local businesses an opportunity to affiliate with SCMA. Our supporting partners are recognized as advocates of the medical profession and the contributions made by physicians to the well-being of our community.

We welcome the new partners shown below with a full description of their services, and list our current partners on the following page. **Full listing details are available for all SCMA partner organizations at www.scma.org.**

HOMEBOUND — EXCLUSIVE BUSINESS PARTNER

Home Rebuilding Services

Homebound provides a start-to-finish concierge solution for homeowners who have lost their homes in the Sonoma firestorm. We will help you navigate your insurance and financing options, provide full design services, and bring you licensed, vetted contractors ready to build your home right now. We manage every step of the process, and leave you free to spend your time with your family, friends, career, and recovery. Lean on Homebound and know home is on the way. **Visit www.homebound.com/sonomamedical to see our special support program for physicians.**

BENEFIT: Exclusively for SCMA members: Homebound offers Informational Events and Curated Dinners; Complementary Insurance Optimization Review with one of our insurance experts; and a Move-In Service when you finish construction with one of our quality contractors. *Homebound also provides an initial Home Recovery Consultation (1-hour meeting with Homebound staff to discuss insurance, design, construction, and concierge services to make your rebuilding an enjoyable experience from beginning to move-in).*

Contact us at rebuild@homebound.com or call our Homeowner Support team at **707-244-1011**. Please indicate you are an SCMA member.

Medtronic — ENDORSED BUSINESS PARTNER

Medtronic plc, headquartered in Dublin, Ireland, is among the world's largest medical technology, services, and solutions companies—alleviating pain, restoring health, and extending life for millions of people around the world. Medtronic employs more than 86,000 people worldwide, serving physicians, hospitals, and patients in more than 150 countries. The company is focused on collaborating with stakeholders around the world to take healthcare Further, Together. **www.medtronic.com**

BENEFIT: Medtronic Santa Rosa partners with SCMA to provide fire recovery support for Sonoma County physicians and the local medical community. The next **Fire Recovery Workshop is Wednesday, Sept. 26.** Call SCMA at 707-525-4375 for details.

MERCER — SUPPORTING PARTNER

Insurance Plans Designed for Physicians: SCMA/CMA work with **Mercer Health & Benefits Insurance Services LLC** as the broker and plan administrator for the sponsored insurance programs, offering best-in-class plans to protect you, your practice, and your family. SCMA/CMA work with Mercer and the insurance carriers to design and implement insurance plans that meet the coverage needs of physician members. Help support the practice of medicine by purchasing your insurance through Sonoma County Medical Association/CMA. **www.CountyCMAMemberInsurance.com**

CONTACT: Mercer Client Advisor • **800-842-3761** • CMACounty.Insurance.service@mercer.com.

Current SCMA Partners

ENDORSED BUSINESS PARTNER

Since 1890, **Exchange Bank** has been serving the local community through trusted banking, financial services and charitable giving. Exchange Bank differs from national and regional banks by focusing 100% of its charitable giving on the community it serves. In 2017, Exchange Bank and its employees contributed over $665,000 to the community. 50.44% of the Bank's cash dividends go to the Doyle Trust, which funds the Doyle Scholarship at Santa Rosa Junior College. Since 1948, the Doyle Scholarship Fund has provided $83 million to over 127,000 students.

BENEFIT: Exchange Bank has designed special checking benefits and discounted residential and auto loans exclusively for SCMA members. Our staff is available to review these programs and benefits with you—contact our Customer Care Center at 707-524-3000 or visit a local branch. Please indicate you are an SCMA member when you call; have your membership ID number available. **www.exchangebank.com**

In addition, Exchange Bank has developed five Community Rebuild Loan Programs that offer flexible lending options to those who experienced a direct property loss during the North Bay fires. Our local, experienced lending consultants are available to discuss which program works best for your needs. Contact us at **communityrebuild@exchangebank.com** *or call Dennis Harter, VP, Rebuild Loan Programs Coordinator at* ***707-541-1482.***

BUSINESS PARTNERS

Real Estate Services

Sheela Hodes & Tammra Borrall/Pacific Union: Business partners since 2007, we have consistently ranked in the top 1% of realtors in the county. Our priority remains quality over quantity; we have built a team of professionals who provide personalized service focused on individual clients. Over the past 11 years we have served the medical community in Sonoma County, helping more than 50 local physician families buy and sell property—and build connections in the community.

BENEFIT: SCMA buyers package: Professional services including home design consultation and comprehensive 1-year home warranty (up to $1,000 value). SCMA sellers package: Professional services to prepare home for sale, including staging, landscaping and trade consultations/services (up to $1,500 value). **Contact us at 707-547-3838 or Team@SonomaWineCountryHomes.com.**

Real Estate Services

Sudha Schlesinger/Pacific Union: Since moving to Sonoma County with my physician husband in 2007, I have been actively representing physician families in the local housing market. My savvy and experienced team at Pacific Union repeatedly exceeds expectations with customized marketing and purchase strategies; efficient execution; tough negotiating skills; and state-of-the-art marketing tools. Sellers receive consultations for home/landscape staging and buyers enjoy tours of housing, inventory and analysis of neighborhood, amenities and schools available.

BENEFIT: SCMA buyers receive an exclusive $1,000 voucher toward closing fees. SCMA sellers also receive a free Pest Inspection, $1,000 toward staging costs, and if selling lot only—a complimentary estimate of value. Please let me know how we can help you in this challenging post-firestorm market. **707-889-7778** or **sudha@sschlesinger.com. | www.winecountryluxuryhomes.com**

SUPPORTING PARTNERS

Hearing healthcare — Audiology Associates

CPA and wealth management — Montgomery Taylor

Physician-supervised weight loss and care — marin Weight Loss & Wellness

Practice management consulting and seminars/webinars — Practice & Liability Consultants, LLC

Add your company to this exclusive list of organizations that support the professional and personal well-being of Sonoma County physicians. Contact SCMA today: **Susan Gumucio** at **707-525-0102** or **susan@scma.org.**

PHYSICIANS' BULLETIN BOARD

IN THE NEWS

- FamilyCare Allergy & Asthma welcomes the newest addition to our group of providers, **Dr. Julie Caraballo.** She will see patients in our Petaluma and Santa Rosa offices and provide the region with greater access to trusted allergy care. Dr. Caraballo completed her residency in internal medicine and her fellowship in allergy & immunology. She is board elgible.

  Dr. Caraballo is a member of the American Academy of Allergy, Asthma and Immunology and the American College of Allergy, Asthma and Immunology, y La Dra. Caraballo habla Español.

- Dr. Dale Westrom and Redwood Empire Dermatology are happy to welcome **Drs. Kathryn Kent and Teresa Zamary** to the practice.

Dr. Kent completed her doctorate of medicine in 2008 at Robert Wood Johnson Medical School, her surgical internship as part of the Integrated Plastic Surgery program at Brown University, and residency in dermatology at Brown University. She has advanced fellowship training in Moh's micrographic surgery and is board certified in dermatology.

Dr. Zamary earned her doctor of osteopathy degree at Western University of Health Sciences in 2009 and completed her dermatology residency at Pacific Hospital of Long Beach. She has been practicing dermatology since 2014, specializing in medical, surgical, and cosmetic dermatology. Dr. Zamary is a fellow of the American Academy of Dermatology as well as the American Osteopathic College of Dermatology. Her love of travel and volunteer work enabled Dr. Zamary to develop fluency in English, Spanish and Danish while spending time abroad.

Drs. Kent and Zamary are available to see patients at our Healdsburg and Santa Rosa (NEW location in Oakmont) offices. Both locations offer a walk-in-clinic for acute skin conditions that cannot wait for scheduled appointments. Call 707-579-4239 to inquire about weekly availability.

- Sonoma Valley Hospital has named **Sabrina Kidd MD, FACS, FASCRS,** as chief medical officer. Dr. Kidd, a dual board certified colorectal and general surgeon, has been affiliated with the hospital as a surgeon since mid-2016. She replaces Robert Cohen, MD, who retired early this year. As CMO, Dr. Kidd will work closely with the hospital's medical directors and serve on the administration team in overseeing existing services and helping plan new services and programs. She also will serve on the UCSF faculty and act as their medical director for SVH, working with the CMO of UCSF Health—especially in identifying areas of collaboration between the two hospitals.

- **Dollar Drug recognized with Spirit of Hospice Award.** Hospice Services of St. Joseph Health honored Dollar Drug at its annual Hospice Heritage Circle luncheon in May. The award was given in recognition of the decades-long partnership between Hospice Services and Dollar Drug and in particular, with gratitude for Dollar Drug's support during the October firestorms. Despite the power outage and no phone or internet service, Dollar Drug staff maintained cell phone contact with hospice nurses throughout the crisis, filling prescriptions and even delivering them to hospice patients who were in shelters or evacuation zones.

  Craig Sheffer, hospice clinical services manager, presented the award to Dollar Drug owner and pharmacist Mark Guttormsen.

NOTICES

- **Jewish Community Free Clinic seeking volunteers to provide psychotherapy.** In order to provide more comprehensive services and as part of the Santa Rosa fire recovery effort, the Jewish Community Free Clinic, jewishfreeclinic.org, began offering no-cost mental health services in July 2018 to all members of the community. We are using a solution-focused, brief therapy model targeting those individuals experiencing anxiety, depression and the challenges associated with recovery as well as other phase of life problems. Therapy is provided by volunteer licensed psychiatrists, therapists and interns (including supervision/hours toward licensure) and generally limited to eight sessions per treatment episode. Information and referral services are also offered. Individuals with chronic mental illness are referred to agencies that can provide longer-term treatment.

  Interested volunteers who can offer three or more therapy hours per week can contact Mark Bender, PhD, at Mark.JCFC@gmail.com. Bilingual therapists are especially encouraged to apply.

- **Short-term medical volunteers needed in Haiti.** Global Health Teams (GHT) is looking for physicians, mid-level providers and nurses for one-week, primary-care medical clinics in rural Haiti every February, June, and October. This is a rewarding and fun opportunity to work with the people of Haiti and provide care in a rural clinic in a medically underserved area. GHT is an experienced U.S.-based nonprofit and has been operating these clinics since 1998. We coordinate all in-country travel and logistics. Please contact Bob Downey at 619-905-7157 or at bob@globalhealthteam.org if you are interested in applying. Visit www.globalhealthteam.org to see what we do and learn about the clinics and volunteer experience.

FOR RENT

- **Home now available for rent.** 2,950 sq. ft. w/5 bedrooms, 3 full baths. Unfurnished, pref no pets. $3,575 at 661 Wild Oak Dr., Santa Rosa 95409. Joseph Wand, MD. 525-8829 or together@sonic.net. See Zillow for details.

To post an item on the Bulletin Board, contact Rachel at 707-525-4375 or rachel@scma.org.

SCMA
2018 Calendar of Activities

For updated activities, see *News Briefs*, delivered to your Inbox monthly!

JULY

16: Editorial Board meeting

31: NBBJ Health Care Conference – SCMA event partner/speaker — at Hyatt Vineyard Creek, Santa Rosa

AUGUST

10: PMF Lunch & Learn Seminar – "How to Hire Excellent Medical Office Staff"

21: SCMA Executive Committee meeting

22: Physician information dinner — hosted by Homebound

23: SCMA member reception — hosed by Exchange Bank

SEPTEMBER

11: SCMA Board meeting

- First review of 2019 budget
- Call for leadership nominations

12: Medical society leadership wine tour

26: Fire Recovery Resources Workshop at Medtronic — Dinner hosted by Homebound.
SEE PAGE 38 FOR DETAILS.

OCTOBER

10: Physician information dinner — hosted by Homebound

13–14: CMA House of Delegates

15: Editorial Board meeting

23: SCMA Executive Committee meeting — 2nd review of 2019 budget

NOVEMBER

1: Latino Health Forum — SCMA event partner/sponsor — at SSU.

6: SCMA Election Day

13: SCMA Board meeting • MSSC annual meeting – finalize 2019 budget

DECEMBER

5: SCMA Annual Awards Gala — at Vintners Inn, Santa Rosa

18: SCMA Executive Committee meeting

JANUARY 2019

TBD: SCMA leadership retreat

CMA saves medical groups millions in workers' comp premiums

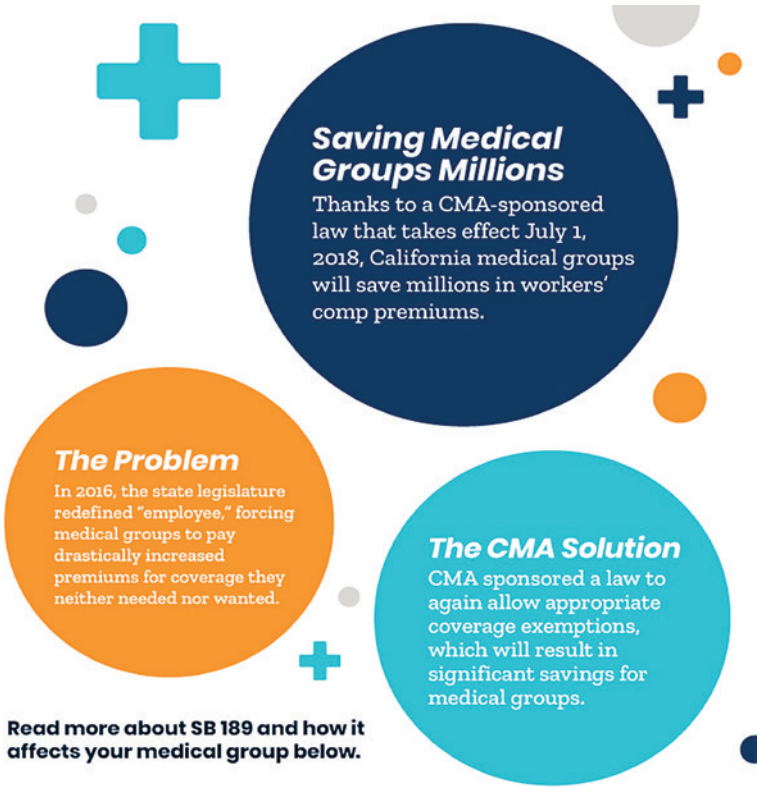
As of July 1, 2018, physician owners of professional corporations will be able to exempt themselves from workers' compensation coverage—regardless of percentage of ownership—resulting in significant premium savings.

In 2016, the legislature changed the definition of "employee," requiring owners with less than a 15 percent ownership to have workers' compensation coverage. Because of this law, some medical groups were forced to pay drastically increased workers' compensation insurance premiums for coverage they neither needed nor wanted.

To assist affected medical groups and corporations, the California Medical Association (CMA) sponsored a law (SB 189) to once again allow appropriate coverage exemptions for owners. This will result in premium savings for individual medical groups ranging from hundreds to hundreds of thousands of dollars.

All owners of medical corporations must act now to take advantage of this significant savings opportunity.

Learn more about SB 189 and how it affects your medical group at **cmanet.org/sb189.**


Saving Medical Groups Millions
Thanks to a CMA-sponsored law that takes effect July 1, 2018, California medical groups will save millions in workers' comp premiums.
The Problem
In 2016, the state legislature redefined "employee," forcing medical groups to pay drastically increased premiums for coverage they neither needed nor wanted.
The CMA Solution
CMA sponsored a law to again allow appropriate coverage exemptions, which will result in significant savings for medical groups.
Read more about SB 189 and how it affects your medical group below.

WELCOME NEW SCMA MEMBERS!

Benjamin Goldstein, MD, Psychiatry, Forensic Psychiatry, 2225 Challenger Way, Santa Rosa, Ross Univ 2010

FamilyCare Allergy & Asthma

Julie Caraballo-Fonseca, MD, Allergy & Immunology, Internal Medicine, 130 Stony Point Rd. E, Santa Rosa, Univ Iowa 2013

The Permanente Medical Group-Rohnert Park, 5900 State Farm Dr.

Karin Kerk, MD, Internal Medicine*, Howard Univ 2007

The Permanente Medical Group-Petaluma, 3900 Lakeville Hwy.

Joe Uranga, MD, Pediatrics*, McGovern Med Sch 2008

The Permanente Medical Group-Santa Rosa, 401 Bicentennial Way

Mark Cheiken, DO, Dermatology*, Kansas City Univ 1991

Anil Harrison, MD, Internal Medicine*, Christian Med Coll 1990

Andrew Madaj, MD, Family Medicine*, Poznan Univ 2009

Anastazja Maziarz, MD, Family Medicine*, Poznan Univ 2009

Michelle Mertz, MD, Family Medicine*, Univ Vermont 2006

Patricia Rehfeld, MD, Family Medicine*, Michigan State Univ 1979

West County Health Center

Misty Zelk, MD, Internal Medicine*, Pediatrics*, 652 Petaluma Ave. Suite G, Sebastopol, Univ Arkansas 1996

Sutter Santa Rosa Family Medicine Residency, 3569 Round Barn Cir., Santa Rosa

Jason Blair, MD, Univ North Carolina 2018

Julie Kirchner, MD, New Jersey Med Sch 2018

Talia Kostick, MD, Univ Vermont 2018

Jimmy Le, MD, Univ New Mexico 2018

Christina Lozada, MD, Duke Univ 2018

Antoinette Mason, MD, UC San Diego 2018

Emmanuel Mendoza, MD, UC Davis 2018

Addama Mueodeme, MD, Ebonyi State Univ, Nigeria 2018

Karla Panameno, MD, UC Davis 2018

Ruth Pedraza, MD, Univ Kansas 2018

Vanessa Ramirez, MD, Univ Southern California 2018

Allison Spicher, MD, Univ Minnesota 2018

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In Memoriam

DONALD SHELTON

CMA/SCMA Field Representative

Donald Shelton passed away in Santa Rosa in early May. Dearly beloved husband of 72 years of Joyce; loving father of Tom and Cindy; adored grandfather of Sean, Todd, Daniel (Rachel), Michael (Barbara), Jenae (Chad) and Jason; great grandfather of Cainan, Trinity and Katy Jo; also survived by his daughter-in-law Wendy; preceded in death by his son Donny. Don was first and foremost proud to have been a Corporal in the Marines 6th Division in the South Pacific.

After the service he studied at Humboldt State, San Jose State and Hastings Law School in San Francisco, until the first of three kids arrived. In Don's early years after the service, he raised his family in Eureka, Calif. He loved coaching Little League baseball and Pop Warner football. He also helped to bring back the Humboldt Foresters semi-pro football program in Eureka and was very active in creating the Redwood Empire Athletic Association.

After moving to Santa Rosa in the early 1960s, he helped organize the Cardinal Newman football program. After a few years of working for Farmers Insurance he was recruited by the California Medical Association for his people skills and finished his working life with zeal until he retired at 72. He loved kids, sports, Dixieland Jazz, his many pet dogs over the years, his backyard by the creek and of course, spending time with the love of his life, Joyce. His smile and humor will be sorely missed. A funeral mass was held on May 18 at St. Eugene's Cathedral in Santa Rosa.

Reprinted from the Eureka Times-Standard

Health Careers Scholarship Campaign 2018

Funding education for careers in medicine since 1965

DOUBLE

Your Impact!

Dollar for dollar, your donation to the Health Careers Scholarship fund will be matched up to

$5,000

From July 15 to December 1, 2018

The Program

For more than 50 years, the Health Careers Scholarship (HCS) has provided merit-based academic scholarships to post-secondary students from Sonoma County who are pursuing healthcare-related careers. More than 830 students have received scholarships with $280,000 awarded in the past 16 years.

The HCS is a nonprofit organization that raises money primarily though donations to fund the awards. The scholarship fund is administered by a committee of SCMA physician members and members of the SCMA Alliance Foundation. The Health Careers Scholarship Committee evaluates applicants and awards scholarships based on merit and need.

HCS partners with **10,000 Degrees**, a Sonoma/Marin-based nonprofit organization, which handles the application process and verifies eligibility and funding.

You Can Make a Difference

Your donation supports local students studying to become a physician, nurse or other related medical professional. *Many recipients return to Sonoma County to practice in their chosen field.*

2017 scholarship recipients

PHOTO BY KATHERINE KOH

By check: Make your check payable to the **Medical Society of Sonoma County** and mail to SCMA at 2312 Bethards Dr. #6, Santa Rosa, CA 95405.

By credit card: Call SCMA at 707-525-4375 or online at **www.scma.org.**

2018 Matching Donation Campaign co-sponsored by

SONOMA COUNTY MEDICAL ASSOCIATION

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For more information on the HCS program, please call SCMA at **707-525-4375** or visit the medical association's website at **www.scma.org**. (You must donate via MSSC/SCMA as noted above by Dec. 1, 2018, for your donation to qualify for matching funds.)

Donations to the Medical Society of Sonoma County are fully tax-deductible. MSSC is a 501(c)(3) nonprofit organization, Tax ID Number 82-1456994.

SCMA Interpleader Notice

Background

In 2016, the Sonoma County Medical Association received a check for $746,810.46 in stock sale proceeds from the SCMA's Group Dental Program for participants prior to Dec. 31, 1999. SCMA determined that the money belonged to its physician members who had paid premiums into the program. SCMA disavowed its interest in the money and filed an interpleader action with the Sonoma County Superior Court and deposited the entire stock sale proceeds with the court for distribution.

SCMA spent significant time and effort seeking to identify potential claimants to the deposited funds. We ultimately identified 10 members who participated in the Group Dental Program, who potentially had a claim to the funds and who indicated they wanted to participate in the interpleader action. Of those identified, only four physicians have filed official responses (answers) to the interpleader case. As of April 13, 2018, a Default has been entered against all physicians who have not filed official responses to the interpleader case.

In an attempt to complete a timely and equitable distribution of the funds, council is providing a final opportunity for physicians to file an answer to the interpleader case and for all legitimate claimants to the funds to receive notice through the publication of the notice below:

NOTICE OF INTERPLEADER ACTION

Sonoma County Medical Association v. Auld et al

Sonoma County Superior Court Case No. SCV 260303

To all participants in the Sonoma County Medical Association's Group Dental Program prior to December 31, 1999:

A lawsuit has been filed by the Sonoma County Medical Association in the Superior Court of California, County of Sonoma. The lawsuit seeks to distribute the proceeds from the sale of stock, which had been acquired with contributions from participants in the Sonoma County Medical Association's Group Dental Program prior to December 31, 1999.

If you participated in the Sonoma County Medical Association's Group Dental Program prior to December 31, 1999, and believe you have a claim to the proceeds from the sale of said stock, you must formally appear in the lawsuit on or before August 20, 2018, in order to assert your rights. Your appearance may be in person or by your attorney. Failure to formally appear in the lawsuit on or before August 20, 2018, will cut off any right you have to receive a distribution of the proceeds from the sale of stock. You may want to consult with an attorney knowledgeable in California law.

SONOMA COUNTY MEDICAL ASSOCIATION

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***Services provided at Santa Rosa Memorial Hospital*

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Bob Field, MD

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